September 1985

Understanding Family Support in Child Welfare: a summary report

Prepared for the
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Dear Readers:

Almost three years ago this Ministry initiated a study of family support. The study has resulted in three publications which have greatly increased our understanding of family support and our knowledge about the delivery of human services. We are pleased to present to you now the third document, Understanding Family Support in Child Welfare: A Summary Report.

The family support series of publications is comprised of

The Nature and Effectiveness of Family Support Measures in Child Welfare. (August, 1983)

The Use of Family Support in Children's Aid Societies: An Exploratory Study. (May, 1985)

Understanding Family Support in Child Welfare: A Summary Report. (September, 1985)

The first document addresses what is meant by family support and the circumstances under which it is provided. The second document is a report on exploratory research into the use of family support by children's aid societies and its effectiveness in different situations. The third report combines the previous two in a shorter, very readable report. It contains a review of the major characteristics of family support and relates these to the findings of the previous research. While this third document is called a "summary report" it is more than a summary in that it presents new insights into family support in a way that will be helpful to front-line workers as well as to those responsible for program design and evaluation.

Although children's aid societies were used as the basis of the research in the family support study, the understanding of family support and the research findings apply to all children's services. We anticipate that you will find this final report both interesting and useful.

All three documents in the family support series are available through the Ontario Government Book Store, 880 Bay Street, Toronto, Ontario. M7A 1N8.

Yours truly,

John Burkus
Assistant Deputy Minister

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UNDERSTANDING FAMILY SUPPORT IN CHILD WELFARE: A SUMMARY REPORT

prepared for

The Ministry of Community and Social Services,

Toronto, Ontario

September, 1985

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CHAPTER 1

INTRODUCTION TO FAMILY SUPPORT

Finding an acceptable balance between the protection of children and the support of families remains a perplexing problem in child welfare. While the traditions of child protection are well established, many child welfare professionals continue to express dissatisfaction with the results of large numbers of child placements and would like to increase their repertoire of ways of helping families to cope with their problems. This volume addresses these concerns and strives to provide the reader with practical guidelines for understanding and using family support measures in child welfare. In the way of an introduction to these topics, consider the following situations:

- A young multiple handicapped woman has just successfully completed her academic training and is faced with the intimidating challenge of finding work in order to be able to continue living independently in the community. Her counsellor calls a meeting of fifteen members of her social network to help her through this difficult period.

- A single mother can't cope with the responsibilities of caring for her children this week. Her friend in a single mother's self-help group takes her kids for a few days.

- A support worker moves into a family's home for 24 hours a day during a time of high stress.

- A team of homemakers, public health nurses and pediatricians reaches out and establishes ongoing contact with young mothers identified in the hospital as potentially high risks for child maltreatment.

- Problem teenagers are provided with a house to go to four days a week after school where they can join their peers in social, recreational and educational activities.

- A child protection worker asks a judo instructor to show some special interest in one of his young clients.

Successful family support has been provided in all of these ways and many others. Valuable support can come from a variety of people and from a variety of situations. A family support approach in child welfare requires that we move beyond the idea of "a preferred way of helping or a best type of helper". It can be as worthwhile to belong to a community theater group as to be involved in professional therapy sessions. Creativity in family support is developing the ability to link families with a variety of helpers and to expand the range of activities that can be used successfully to support families.

This report summarizes two volumes previously published in the process of completing a research project on family support practices in child welfare in Ontario. The first volume includes a comprehensive review of the literature on social support as well as family support interventions in child welfare. This work developed beginning frameworks for understanding family support and generated research questions and predictions for subsequent investigation (Canadian Sociotelic Ltd., 1983). The second volume is the field research report (Cameron and Rothery, 1985). The study included interviews with 203 child protection workers about 547 cases in 16 child welfare agencies across Ontario. The same workers also responded to a follow-up questionnaire about these cases. In addition, formal program reviews of eight family support programs were completed. The cooperation of the child welfare agencies' personnel throughout this study was exceptional. Hopefully, these reports will justify their efforts.

Those readers with an interest in a more detailed discussion or documentation of any of the topics discussed in this final report should refer to the original volumes. The discussion in this summary report will concentrate on abstracting general lessons from this research and drawing implications for the development of family support interventions in child welfare.

CHAPTER 2

UNDERSTANDING SOCIAL SUPPORT

2.1 INTRODUCTION

Social support is a term that is often misunderstood and misused. The intent in this chapter is to outline a general framework which can be used to understand and to utilize social support in child welfare. Our hope is that what follows will be of use in the identification of families' needs as well as in planning and implementing social support interventions.

This information is synthesized from two more extensive reviews of family support by the authors (Canadian Sociotelic, 1983, chapter 2; Cameron and Rothery, 1985, pp. 269-286). Unless otherwise indicated, the research and literature referred to in this discussion come from this earlier work.

2.2 CHANGE AND SUPPORT INTERVENTIONS

In beginning to think about social support, it is useful to distinguish between assessments and interventions that focus upon changing individuals and families and those intended to support individuals and families. This distinction is important because of the substantial differences between the two approaches and the tendency in child welfare to present change strategies as support strategies (see chapter four). Nonetheless, while the distinction between change and support is functional, it is necessary to avoid setting up a false dichotomy and competition between the two approaches. In practice, there are many fruitful combinations of the two approaches. The argument developed here is not that one approach is superior but that the differences are important enough that each requires a separate consideration in assessment and intervention. Consider the following dictionary definitions:

change: (1) to cause to turn or pass from one state to another;
(2) to alter or to make different;
(3) to vary in external form or in essence...

(Webster's New Twentieth Century Dictionary, 1979)

support: (1) to keep from falling or sinking, to hold in position, to bear the might of;
(2) to give strength to, to enable to last or continue;
(3) to supply with necessaries;
(4) to assist by one's approval or presence or by subscription of funds;

(Oxford American Dictionary, 1980)

An examination of the insufficiencies for the 547 families included in our study of family support services in child welfare indicates that it is both useful and possible to meaningfully group family problems into two categories of roughly equal importance and frequency:

(1) Individual or Family Problems:

-parents unable to provide necessary/realistic limits for child (60%) +
-inability to relate to child as a person with own needs (60%)
-few occasions for positive parent-child interaction (55%)
-overreliance on negative reinforcement (54%)
-parents have unrealistic expectations of child (46%)
-poor homemaking skills (38%)
-chronic marital discord (51%)
-violent behaviour (parent) (36%)
-substance/alcohol abuse (parent) (39%)
-emotional disorder (parent) (44%)
-inability to cope with normal everyday tasks (parent) (42%)
-chronic discord with parents (child) (51%)
-violent behaviour (child) (22%)
-criminal/delinquent behaviour (child) (25%)
-school problems (40%)
-emotional disorder (child) (31%)
-developmental delay (25%)
-poor male-female relationships (parent) *
-low self-esteem, confidence (parent) *
-etc.

(2) Social Problems:

-inadequate money for food/clothes/utilities (49%)
-unable to regularly meet financial obligations (40%)
-inadequate housing facilities (25%)
-low income neighbourhood (55%)
-families move often in neighbourhood (38%)
-inadequate access to temporary relief from child care responsibilities (36%)
-lack of activities for children/youth (39%)
-opportunities to participate in illegal or antisocial behaviour (49%)
-social isolation, loneliness, no positive friendships *
-restricted access to emotional support*
-no meaningful social role *
-unemployment, welfare *
-coping as a single parent (52%); managing a single adult household (36%)
-coping as a young mother *
-lack of relief/vacation opportunities *
-no access to emergency resources *
-etc.

+ The percentages indicate what proportion of reviewed cases showed these problems.

* While these were common problems in this sample, it was not possible to calculate percentages for these insufficiencies.

Change interventions and support interventions focus on different kinds of problems, have divergent rationales, do not have the same time frames, use contrasting methods of helping and, most importantly, produce different results. While any family support intervention or plan can profitably combine elements of change and support strategies, it is important to keep the two separate in assessment and in planning to intervene. The overwhelming emphasis in child welfare remains change. Yet, there is substantial and convincing evidence that support strategies are equally, if not more, relevant to families' ability to cope with ongoing difficulties and, as a result, to family breakdown.

Interventions intended to have an impact on individual and family problems will differ in important aspects from those focusing on social problems. In addition, there is recent research suggesting that positive changes on individual and family problems do not necessarily lead to changes in social problems or vice versa. If improvements are desired in aspects of both problem areas, then each area has to be a target in assessment and intervention. Finally, social problems present requirements for long-term social support or enduring changes in the family's environment; individual and family problems may be more amenable to short-term interventions. Without a doubt, strategies for dealing with social problems and long-term needs are underdeveloped areas in child welfare. A comparison of the basic characteristics of change and support intervention is presented in table 2.1.

In practice, change and support strategies overlap in many ways. Change programs need to consider long-term support linkages for the time when the family is no longer involved with the program. Effective change may also require that a minimum of social support be provided before meaningful progress on individual and family problems can be made. In addition, some change on individual and family attributes may be a prerequisite before family members will be able to take advantage of available social support. Finally, involvement in a positive social network may produce secondary improvements in individual and family problems. Both problem areas are central in child welfare and practitioners need to be clear about family needs and what impacts interventions can be expected to have.

It would be best to make very clear at this point that a family support orientation in child welfare does not denegate the value and centrality of efforts to bring about improvements in individual and family problems. However, this discussion does stress the unique attributes of many support interventions and the importance of expanding the range of interventions in child welfare. It would also be expedient to emphasize that the framework for understanding social support is presented for use in helping individual families as well as groups of people. Finally, while this social support framework is an original effort, the emphasis on the importance of social support and the need to respond to individual, family and social problems is not new; indeed, such concerns are evident in the roots of Canadian social work.

Table 2.1
COMPARING CHANGE AND SUPPORT STRATEGIES

	CHANGE STRATEGIES	SUPPORT STRATEGIES
Focus:	-on individual and family problems	-on social problems
Rationale:	-individual & family problems are amenable to change -individual & family problems are major causes of family breakdown -positive change on individual & family problems will endure after treatment ends -improvement in individual & family functioning will enable the family or individual to access required social support	-possible within current constraints to develop interventions that provide access to valuable social support -social problems are a major cause of family breakdown -to prevent family breakdown it is necessary to relieve pressure on the family and/or to increase their access to social support in order to cope with the stress -social support interventions will result in ongoing access to social support -positive social support will lead to improvement in individual and family functioning
Time frame:	-short-term interventions	-ongoing access to social support
Major methods:	-counselling, teaching skills, treatment groups, role-modeling, etc.	-peer groups, self-help groups, social & recreational activities, network interventions, community groups, facilitating access to jobs, education, linkage with existing community resources, etc.
Documented impacts:	-better personal and family functioning	-better access to social support -improved ability to cope with difficult situations -less institutionalization and/or reliance on formal human services

2.3 THE IMPORTANCE OF ACCESS TO SOCIAL SUPPORT

There is little doubt that access to the resources of a positive social network can have a powerful influence on individuals' or families' well-being and on their ability to cope with a range of problems. While some important issues remain unresolved, there is little need to continue to question the relevance of social support to child welfare practice. It is more timely to concentrate on exploiting the potential of social support in helping families. Before presenting evidence for the benefits of social support, a few basic definitions are required:

Social Support: The concrete, social and psychological assistance actually received by an individual or family in relation to coping with specific problems.

Social Network: The actual and potential linkages between the individual or family and significant others in the immediate environment who are or may be sources of social support.

Social Resources: The potential concrete, social and psychological assistance existing in the social network of the individual or family.

Family Support: The social support provided to a family in order to enable the family to assume or to continue to assume responsibility for family members.

The variety and the amount of evidence available on the benefits of social support is quite impressive. What follows is a selection from this research in order to highlight the relevance of social support to the practice of child welfare. Social support, roughly operationalized as some combination of positive relations with a network of family, friends, peers or as social participation, has been associated with many positive outcomes:

- Social support has repeatedly been shown to have a significant positive impact on physical health (eg. less heart disease, fewer pregnancy complications, fewer asthma attacks, etc.).

- Access to a positive social network has a beneficial influence on psychological well-being and the absence of depression.

- Social support moderates the negative effects of job stress and unemployment.

- "These factors have been found to be significantly correlated with post-divorce adjustment. That is, the fewer the economic problems (Spanier and Casto, 1979), the greater the amount of social participation (Raschke 1977; Spanier and Casto, 1979) and the more family and peer support received (Hunt and Hunt, 1977; Spanier and Casto, 1979; Berman and Turk, 1981) the better the adjustment... labor force participation has also been found to be positively related to adjustment to divorce (Raschke, 1977)".

  (quotation from Richardson and Pfeiffenberger, 1983, p. 228)

- Social isolation has been repeatedly identified as a correlate of child maltreatment and child placement. Along with a lack of access to economic resources, single parenthood is one of the best predictors of an open child welfare case and of family breakdown.

- Access to a positive social network has proved to be a better predictor of successful community integration than successful treatment outcomes for mental hospital patients, children in residential treatment centres and for juvenile delinquents being discharged into the community (Fairweather, Sanders, Maybank and Creasler, 1969; Gottlieb, 1983; Whittaker, 1983; Hawkins and Fraser, 1983; Smith, Farrant and Marchant, 1972).

- Skill training has been demonstrated to be relatively ineffectual in influencing long-term behaviours with low-income mothers and mental hospital patients unless joined to a strategy that links participants into a network of positive social contacts (Hawkins and Fraser, 1983, pp. 338-339; Wahler and Moore, 1975; Wahler 1978; Wahler, 1980; Edmunson et al., 1982).

- Lack of access to positive social support has frequently been associated with the attenuation of positive treatment effects after the treatment is over (Gottlieb, 1983; Whittaker, 1983).

- "It appears that when young people are not attached and committed to their families, schools and communities, they are more likely to engage in delinquent behaviours (Hinschi, 1969; Hindelong, 1973). Involvement with delinquent peers is one of the strongest correlates of delinquent behaviour (Weiss et al., 1981)".
  (quotation from Hawkins and Fraser, 1983, p. 334)

- Alternative programming in child welfare providing a broad variety of supports and high levels of direct contact with families have demonstrated their potential to reduce the incidence of child abuse and neglect, to lower the frequency of child placement and to allow less time to be spent in care.

Benjamin Gottlieb (1983, p.37) in his recent review of the research evidence on the impact of access to positive social networks concludes that the benefits can be classified as follows:

1. Prevention: -helps to prevent exposure to various high-risk situations
   -when exposed to a problem, enables a more sanguine appraisal of the dangers
   -boosts morale and sense of well-being.

2. Buffering/ Coping: -facilitates access to social resources needed to manage stressful situations
   -helps to preserve self-esteem and confidence when confronting problems
   -increases the ability to realistically assess and react to problems.

Both the prevention and the buffering/coping functions of social support are closely connected to individuals' or families' ability to cope with many problems and to maintain themselves successfully in the community. While social support does not promise a 'magical cure or

solution' to the difficulties of helping families, social support interventions are demonstrably effective and critical components of successful practice in child welfare.

2.4 A FRAMEWORK FOR UNDERSTANDING SOCIAL SUPPORT INTERVENTIONS

There are many conceivable explanations for the neglect of social support interventions in child welfare:

- a lack of confidence in "non-professional" ways of helping
- a tremendous stake in maintaining the change emphasis in current methods of helping families
- uncertainty or unwillingness in forfeiting control over the helping process.

However, an additional reason has been the paucity of information on family support and the lack of guidelines in translating social support concepts into practice. In this section, an attempt is made to provide some practical ways of thinking about social support interventions.

Valuable social support can be provided by paid formal helpers as well as volunteer informal helpers. A family support orientation rejects any bias towards a preferred way of helping or a preferred type of helper. In particular, it requires a 'hard-headed' appraisal by social workers of what supports they can realistically provide themselves and what supports are best sought elsewhere. In matching interventions and family requirements, it is necessary to be specific about the types of supports needed and what can be expected from each intervention. Finally, family support is multi-dimensional; it requires the worker to think in terms of "packages" or combinations (Whittaker, 1983, p. 173) of services and supports.

The research on social support indicates that there are different types of social support and that social support comes from different types of helpers. The types of social supports provided by different types of helpers differ in very important respects. The types of support that can be present in any intervention or relationship are described in the typology presented in table 2.2.

Table 2.2
TYPES OF SOCIAL SUPPORT

CONCRETE SUPPORT:

providing some form of material aid such as money, clothing, furniture, practical in-home services, transportation, etc.

EDUCATIONAL SUPPORT:

providing the knowledge and skills required so that the family can cope more effectively. Teaching or counselling to develop parenting skills, communication skills, assertiveness, basic life skills are examples of this kind of support.

SOCIAL INTEGRATION SUPPORT:

helping the family to develop or maintain positive ongoing contacts with social networks or opportunities for social participation or access to meaningful social roles. Access to recreational and social activities, employment or education positions, peer groups, self-help groups or personal networks of friends, peers and family are common vehicles for providing social integration support.

EMOTIONAL SUPPORT:

providing access to genuine intimate relationships which serve to meet the family members' needs for understanding and compassion. Emotional support often comes from a counselling relationship or by involvement with peers, family members or from a close cross-sex relationship.

ENVIRONMENTAL ACTION SUPPORT:

intervening to reduce external pressures on the family or to increase their access to social resources. Mobilizing and coordinating services for a family, advocating on its behalf, and the formation of collective action groups are typical examples of environmental action support.

Contact with any particular helper or any specific intervention may be a source of one type or several types of social support. It is possible to use the social support typology to assess a family's support requirements and as a tool to investigate the potential contributions of various social support strategies. In tables 2.3 and 2.4, a grid is used to estimate the potential social support contributions of selected types of helpers and interventions.

There are several points of interest in these tables. First, the anticipated support contributions are very different across the types of helpers and across interventions. It is also worth noting the broad range of support at high levels anticipated from informal helpers such as family, peers with similar problems and, to a lesser extent, friends, and from interventions that incorporate informal helping such as mutual aid/self-help. Since social integration support is so important in influencing families' ability to cope with a variety of problems, it is important to highlight the types of helpers and intervention strategies high on this type of social support; such as family, friends, peers with similar problems, co-workers, mutual aid/self-help groups, recreational/social activities and, to a lesser extent, big brothers/sisters and afterschool programming. Finally, counselling is described as an intervention focused mainly on educational and emotional support. By implication, a child protection worker who sees herself as the prime helper for most of her cases may be unnecessarily limiting her potential contribution. The field research for this project indicates that child protection workers are frequently the only helpers in contact with many families who are in a position to play a major role in facilitating the family's access to support from a variety of sources. In fact, creativity from a family support perspective can be considered to be the finding of innovative and multiple ways to increase the family's access to various positive social networks and to a range of potential supports.

Table 2.3
HELPER BY SOCIAL SUPPORT

(adapted from Froland et al., 1981)

	CONCRETE	EDUCATIONAL	SOCIAL INTEGRATION	EMOTIONAL	ENVIRON-MENTAL ACTION
FAMILY	+++	++	+++	+++	+
FRIENDS	++	+	+++	++	+
NEIGHBOURS	+	0	+	+	0
PEERS WITH SIMILAR PROBLEMS	++	++	++	++	++
CO-WORKERS	+	+	+++	+	+
FRIENDLY VISITOR	+	+	0	+	0
CHILD PROTECTION WORKER	+??	+++	+??	++	+??
HOMEMAKER	++	++	0	++	0

Legend: 0 = no anticipated contribution
+ = minor anticipated contribution
++ = significant anticipated contribution
+++ = highest anticipated contribution
? = the anticipated contribution is dependent upon how these helpers define their role

Table 2.4
INTERVENTIONS BY SOCIAL SUPPORT

(adapted from Froland et al., 1981)

	CONCRETE	EDUCATIONAL	SOCIAL INTEGRATION	EMOTIONAL	ENVIRON-MENTAL ACTION
INDIVIDUAL COUNSELLING	+/0	++	+/0	++	+/0
FAMILY COUNSELLING	+/0	++	+/++	++	+/0
HOMEMAKER	+++	++	0	++	0
MUTUAL AID/ SELF HELP	++	++	+++	+++	++
SKILL DEVELOPMENT	0	+++	+	+/0	0
CHILD MANAGEMENT	0	++	0	++	0
ADOLESCENT AFTERSCHOOL	+	+++	++	+++	+
RECREATIONAL/ SOCIAL	0	+	+++	++	0
BIG BROTHER/ SISTER	+	++	++	++	+

Legend: 0 = no anticipated contribution
+ = minor anticipated contribution
++ = significant anticipated contribution
+++ = highest anticipated contribution

An additional set of concepts is relevant to understanding and planning of social support interventions. These concepts are described below and tables 2.5 and 2.6 present a second grid comparing a selection of types of helpers and interventions on this second group of social support dimensions:

Diversity/Range of Support: The types of support potentially available from a particular helper or intervention. This dimension highlights the need to be realistic about the possible contributions of various strategies.

Equality/Reciprocity: The extent to which the parties perceive the relationships as equal and consider participants to be making mutually beneficial contributions to the relationships. Exchange equality and reciprocity are characteristics of relationships and networks that foster a sense of belonging, self-worth and social integration. They also characterize informal networks and relationships that endure (Unger and Powell, 1980).

Technical Expertise: The relevant specialized knowledge brought to bear on the problem by the helper or the intervention.

Length of Commitment: The time period the individual or the family can count on having access to this source of social support. This is an especially important consideration in addressing ongoing needs for social integration and regular access to the resources of a positive social network.

Emotional Intensity: The degree to which the helper or intervention brings concentrated attention to bear on an issue and the depth and meaningfulness of the interactions to the participants. This dimension is an important consideration in addressing difficult and sensitive individual and family problems.

Openness to All in Need: The extent to which any individual or family can have access to the helper or the intervention. Formal supports are typically open to greater numbers of people and to less socially 'acceptable' individuals and families than informal supports.

Availability in Crisis: The quickness of access to the helper or the intervention in times of high stress or risk.

Table 2.5
SUPPORT DIMENSIONS BY HELPER

	Diversity /range of support	Exchange equality/ reciprocity	Technical expertise	Length of commit-ment	Emotional intensity	Openness to all in need	Avail-ability in crisis
FAMILY	+++	+++	+	+++	+++	+	+++
FRIENDS	++	+++	+	++	++	+	++
NEIGHBOURS	+	+++	+	++	+	+	+
PEERS WITH SIMILAR PROBLEMS	+++	+++	++	++	+++	++	++
CO-WORKERS	+	+++	+	++	+	+	+
FRIENDLY VISITOR	+	+	++	+	+	++	+
CHILD PROTECTION WORKER	+??	+	+++	+	++	+++	+++
HOMEMAKER	++	+	++	+	++	+++	+

Legend: + = low
++ = medium
+++ = high
? = the anticipated contribution is dependent upon how these helpers define their role

Table 2.6
SUPPORT DIMENSION BY INTERVENTION

	Diversity /range of support	Exchange equality/ reciprocity	Technical expertise	Length of commit-ment	Emotional intensity	Openness to all in need	Avail-ability in crisis
INDIVIDUAL COUNSELLING	+	+	+++	+	+++	+++	+++
FAMILY COUNSELLING	+	+	+++	+	+++	+++	+++
HOMEMAKER	++	+	++	+	++	++	+
MUTUAL AID/ SELF HELP	+++	+++	++	++	+++	++	++
SKILL DEVELOPMENT	+	+	++	+	+	++	+
CHILD MANAGEMENT	+	+	+++	+	++	++	++
ADOLESCENT AFTERSCHOOL	++	++	++	+	++	++	+
RECREATIONAL/ SOCIAL	+	+++	+	+++	++	++	+
BIG BROTHER/ SISTER	++	+	+	++	++	++	+

Legend: + = low
++ = medium
+++ = high

An examination of the grids in tables 2.5 and 2.6 suggests that counselling interventions rate strongly on technical expertise, emotional intensity, openness to all in need and availability in crisis but are weak on exchange equality/reciprocity and length of commitment. The diversity/range of support rating for the child protection worker once again depends upon whether she sees herself as the primary helper or as instrumental to the family's access to other kinds of helpers and interventions. Peers with similar problems and mutual aid/self-help groups are rated strongly across all of these social support dimensions.

The social support typology and the dimensions of social support are introduced in order to facilitate thinking about family support requirements and interventions. Such a family support perspective assumes that the assessment process would cover the five parts of the social support typology and would include a systematic effort to identify potentially important people in the individual's or family's social network. Finally, a family support orientation would typically include a consideration of a variety of potential helpers and interventions and would build a package of simultaneous and sequential strategies (see chapter 4).

This list of social support dimensions is not intended to be exhaustive. For example, the requirements for client motivation and abilities are often important considerations. This distinction can be relevant in deciding whether to use practical inhome support strategies or group interventions. The basic point in this section is the need to consider specifically the potentials and the limitations of each proposed family support intervention.

2.5 **LIMITATIONS TO SOCIAL SUPPORT**

While the authors are strongly encouraging a greatly expanded investment in support interventions in child welfare, several qualifications are in order. The problems of successful family support are not easier or more intractable than those associated with good child protection; they are simply different and require

separate attention. Similarly, effective change interventions and effective support interventions, while different, are both difficult challenges.

Social networks can be sources of stress as well as support. Many individuals and families are relatively isolated and the potential for establishing positive linkages with existing informal networks may be quite limited. "Natural helpers" in the family's social network may themselves be under considerable strain. Also, personal coping style and well-being can affect the availability of social support to the individual or family. Preliminary challenges in many situations may be to increase the family members' ability to reach out for support and to accept assistance when it is offered. It may be necessary to animate or to change the family's social networks or to create new social networks for family members.

Formal and informal support strategies may be only partially compatible. Not only do they have different potential in providing social support but their respective cultures, values and methods of providing support are different and, in some respects, contradictory (Litwak, 1978; Froland et al., 1981; Katz and Bender, 1976). Informal networks and groups require spontaneity, reciprocity, exchange equality and an evolving pattern of activities and priorities foreign to professional organization (Collins and Pancoast, 1976). Much work remains to increase our understanding of how accessible informal helping methods can be to child welfare organizations and how to best exploit their potential.

Finally, there is strong evidence that child maltreatment is a class-biased phenomenon. Incidence of child abuse and neglect correlate strong and inversely with family income. While access to social and psychological resources is important in sustaining families, it remains true that it would be unjust and repressive to ignore the economic and societal correlates of child maltreatment. It is arguable that the strongest prevention measures would be to insure families access to employment and adequate income, valued social roles, good quality housing and 'safe and responsible' neighbourhoods. If this is so, then substantial responsibility and influence over family support is beyond the control of families and local child welfare agencies.

CHAPTER 3

FAMILY SUPPORT BY FRONT LINE WORKERS

3.1 INTRODUCTION

Since the family support model emphasizes the utilization of formal as well as informal resources, the front line CAS worker can often be seen as a critical part of a client family's support system. The services that have traditionally been offered by workers represent family support of a type whenever the focus is on restoring or maintaining the family unit. The family support approach may differ from traditional casework methods because it directs attention to aspects of problems that have not normally been emphasized. Thus, a broader focus is encouraged, but not necessarily one which excludes familiar forms of intervention.

In this chapter, we will discuss current ideas about casework techniques and approaches to intervention that are regarded as effective for supporting the families that CAS workers serve. This will be followed by a consideration of the different needs that various types of families present. We will conclude with information from our own study about how workers in Ontario's CAS agencies actually manage their cases, and our evidence for the impacts of different interventions.

3.2 GENERAL CASEWORK PRINCIPLES

Our reading of the literature suggests that there is no definitive set of interventive strategies that differentiates family support work from traditional modes of helping. The assessment and treatment skills that family support requires of workers are not different from those required for good casework generally. The differences that do exist are a matter of focus and balance rather than a unique set of technical abilities.

In our original review of the literature (Canadian

Sociotelic, 1983), we identified a number of general principles regarding family oriented casework with child welfare clients. These principles are derived partly from research and evaluations of demonstration projects, and partly from accumulated practice experience.

It goes without saying that certain "nonspecific" elements that contribute to success in <u>any</u> helping endeavour are important in family support work as well. These include a relationship that is basically friendly and respectful as opposed to punitive or hostile. This may be difficult to establish when workers represent a genuine threat because of their role as enforcers of child welfare legislation, but it is still an essential part of the helping formula. Other elements include basic interpersonal competencies in the worker (capacities for empathy and warmth) and at least minimal levels of motivation and accessibility on the part of the client.

The family support approach is essentially ecological in nature, inasmuch as it emphasizes the current "fit" between family members, the family, and the social context. Assessment attends to strengths and needs, so while there is some degree of focus on dysfunction or individual psychopathology, there is a simultaneous and equally important emphasis on competence and resources. This means the model is less pathology oriented, or less "medical" than traditional social work approaches have been.

As another general principle, an overall intervention plan which focuses on the whole family is obviously desirable from a family support perspective, and is something which most workers these days would readily endorse. Despite widespread acceptance of this idea as an idea, however, there is documentation in the literature, supported by our own data, to suggest that work with the whole family unit is still not common. Service to the natural family is normally directed to mothers and children individually or in segregated groups, with limited involvement of fathers. The lack of a real family focus is even more pronounced for cases where the children from the family have been placed in care.

Many observers have noted this tendency to provide

services to various family members separately rather than to the unit as a whole. This need not be a bad thing in itself, as long as it is part of a dual focus; work with subunits within the family is carried out in combination with interventions which treat the whole family unit as well (Minuchin and Montalvo, 1967).

Another principle has to do with the need for a range of different services which can be flexibly offered to families in response to their specific constellation of needs:

> "What appears to emerge from virtually all sectors of the child welfare field is the finding that effective practice models will not be constituted of singular strategies such as parenting skills training, provision of concrete resources, social support groups or task-focused family work, but rather will be made up of <u>packages</u> of such services carefully delivered and tracked in an overall system of case management and case review."
>
> (Whittaker and Garbarino, 1983, p. 173)

This principle has a number of implications:

1. The suggestion that a range of different support services may be critical is worth noting in and of itself, and also implies that effective family support may be expensive in many cases.

2. The need to think in terms of service "packages" implies that a specialized expertise in a particular treatment modality will not be enough if front-line workers want to be effective in their roles. Competence in particular ways of working will still often be an asset, but cannot be pursued the same way it is in other types of agencies -- CAS workers do not enjoy the luxury of being able to offer just one kind of help to clients whose needs are appropriately defined and congruent with the service being offered. This implies a generalistic or eclectic way of viewing problems and planning interventions.

3. In many cases the worker's responsibilities will include arranging, coordinating and monitoring the provision of supports from a number of sources, a role that may sometimes be more important than direct involvement with the family.

Obviously, in casework with CAS client families, the range of supports required will often include concrete or material provisions. Many CAS clients are poor, and immediate, concrete needs and problems will often be given priority over other concerns.

Intensity of service is another variable that is apparently related to effectiveness. There is some research evidence indicating that outcomes are better when the worker becomes involved quickly and relatively intensively at the point of referral. Other studies have linked positive results with small caseloads, which may be because these allow for faster response and more frequent contact. Also, families with immediate needs (e.g. poor families) are more likely to engage with service providers when the initial contact is active and directed at their immediate needs (Gwyn and Kilpatrick, 1981; Yamamoto, 1967). Reasons why such findings may be true are not hard to suggest: if families are faced with an acute problem or crises and have limited resources, provision of the supports necessary to reduce stress to manageable levels is likely to be important.

The question of the role of long-term versus short-term services has also received some attention in the family support literature. It seems logical to expect that CAS agencies need to provide both types of service. Some families may require no more than short-term help resolving specific crises or problems. Others may require less intensive, long-term support. In many cases an appropriate pattern of service will be a combination of periodic intensive, focused involvements and provision for long-term support needs as well.

A final general principle respecting effective family support work in child welfare is that the workers' involvement in most cases should be rather highly structured. Conventional wisdom and a certain amount of empirical evidence suggest that a contractual, goal-oriented and time limited intervention (or series of interventions) is preferred over more traditional open-ended ways of working. We endorsed this position after exploring different areas of the child welfare practice and research literature, and other reviewers have come to very similar conclusions (Whittaker and Garbarino, 1983).

Descriptions of structured approaches to casework with families usually outline a number of elements or steps in the intervention process. We will introduce these briefly, and then indicate what each implies from a family support perspective.

3.2.1 THE ELEMENTS OF STRUCTURE

Conceptually, structure in social work interventions consists of specificity, direction and clarity of roles (Rothery, 1983). In ordinary English, this implies workers and their clients should be precise and unambiguous in their communications with each other; they should be working toward some shared goal or purpose; they should know what to expect from each other and what their respective responsibilities for problem solving are. Attempts to outline a structured approach to practice operationally usually describe a series of stages: assessment of the client family's situation results in an agreed upon definition of the problem(s) and statement of goals, which is the basis of the worker-client contract, which serves as the basis for a series of interventions, the impact of which is subject to some form of evaluation. In real life, of course, these events do not follow one another as easily as they do on paper, but the process is broken down in this way to make analysis possible.

3.2.1.1 Assessment and Family Support

Employing an ecological perspective, the family support model focuses on the resources and stresses within a family and, simultaneously, on the resources and stresses that are present in the family's social environment. Dysfunction in the form of inadequate family functioning or personal psychopathology is considered to be, in part, the consequence of an imbalance whereby a family's resources are not adequate to meet the demands (stresses) that it faces at any particular time. Thus, assessment is not primarily a matter of diagnosing dysfunction in parents, children, or the family system (although that may be part of the task). It also includes an effort to construct a profile of resources and stresses and to note any acute or chronic imbalances that exist between the two.

Some authors write as if assessment is a discrete task that precedes intervention, while others recognize that it is also an ongoing process that both guides the helping effort and is influenced by the results that specific interventions produce. The latter point of view is probably the only appropriate one for family support work. The breadth of focus required means that a complete understanding of the situation is unachievable, and circumstances are likely to be somewhat fluid in any event. Also, the worker's knowledge of a family and its social milieu will naturally change over time, and the assessment will be affected by that change. Thus, while the discussion below may sound as if assessment comprises a sort of static picture of the family and its context, we hope the reader will recognize that this is only a convenient way of summarizing the relevant information.

3.2.1.2 Assessing Resources

Assessment of the strengths that exist within a family requires information about the competence present in the adults, in the children, and in the family as a whole. The following lists are not exhaustive but provide examples of the general kinds of information that this part of the assessment might include. With respect to the adults in the family, the following are of interest:

- Competence in relating to other adults requires the ability to give affection and other kinds of support as well as to receive affection and help from others, the ability to resolve conflict safely and constructively, the ability to communicate effectively about individual needs and relationship issues, and the ability to work collaboratively to accomplish tasks and solve problems.

- To function as parents, adults require the basic ability to make emotional commitments to one's children (bonding), to provide basic physical care, to provide emotional nurturance, to provide necessary controls and to understand and respond to ordinary developmental needs appropriately.

- Emotional and psychological health is another important resource in parents.

With respect to the children in the family, the following potential areas of competence can be considered:

- Competence as siblings indicates an ability in the children to act as resources to one other by providing relationships within which social skills are rehearsed. It also implies the ability to relate in supportive ways (at least occasionally) and to manage conflict and competition safely and in a developmentally appropriate fashion.

- The children within a family also function in relation to their parents, and competence in this regard may include an ability to relate in an emotionally committed way (bonding), an ability to accept affection and help, and ability to accept appropriate controls.

- The competencies noted above imply a physical and psychological endowment sufficient to allow the child to develop the abilities noted, so basic physical, psychological and emotional health are also important resources in children.

With respect to the family as a unit, the following can be considered:

- Competence as a family includes the ability to structure time so that there are opportunities for shared, mutually gratifying activities.

- Another indicator of family competence is a positive "emotional climate", which is characterized by a degree of democratic decision-making, stability and adequate levels of trust, affection, security and emotional availability (Steger and Kotler, 1979). A balancing of needs for contact, nurturance and dependency with needs for autonomy and privacy is considered important as well.

- Competence in the family unit is also indicated by the presence of an adequate degree of structure, which implies that it can organize itself in response to tasks or pressures, and that it maintains appropriate hierarchical arrangements, with the parent(s) exercising sufficient authority and control.

- Finally, competence is assessed when families are appropriately open to the outside world, able to control influences from other people or groups when necessary while also showing a capacity to give and receive help, to acknowledge problems, and to accept feedback or useful information as required.

Assessment of the strengths in a family's environment is mainly a matter of determining what formal and informal resources are available to it with respect to a given problem. The formal resources are probably the most visible. They comprise the goods and services that are available in an organized way, like education, health care, financial support programs, recreational facilities, day care, and various formal support programs. Familiarity with such resources is understood to be a requirement for good basic social work, and needs no elaboration here. Informal supports are assessed by considering the actual or potential social networks to which a family is linked. This is an assessment area that is less familiar to most social workers, so an overview of the kinds of information to be considered may be useful.

Social network analysis and intervention is a relatively new field, having become generally known in the last five years or so. Like many new ways of thinking about practice, it has generated its own specialized concepts and language, as its more enthusiastic adherents attempt to refine ideas and extend their use as tools for thinking and planning. Much of the terminology that has been developed seems unnecessarily esoteric, while the ideas themselves, those with some practical importance at least, are not particularly difficult to grasp and describe.

Our networks consist of the people we know, who in turn are connected to the people whom they know. Consequently, our lives are affected, often without our awareness, by the actions of any number of

other people, all of whom form a social "fabric", only part of which is visible to us.

Thus, one step in a network analysis is to decide how much of the "fabric" is of interest. This is an arbitrary decision, guided by practical considerations (Hurd, Pattison and Llamas, 1981):

- People are considered if they appear to have some relevance respecting the problem(s) being worked on, or potentially can contribute to their solution.

- Proximity is also an issue: normally a network approach will deal with people who are reasonably accessible to the client.

- Some people more than others are likely to be potent resources and may be selected on this basis. A judgement in this respect includes consideration of how much time and energy the person can make available, the qualitative aspects of their relationship (or predicted relationship) with the client family, and their level of motivation to help.

- People may be of interest because they are or could be involved in the client family's life in various ways. For example, some networks functions to provide concrete supports while others function to provide emotional supports. Obviously, both functions may be served by the same person or people, but it is also true that the distinction can help identify resources that would otherwise be overlooked.

With such criteria in mind, it is possible to think about different relevant areas of the family's social environment where resources may be located:

- Potential supports within the formal social service network are obviously important to consider.

- Informal sources of concrete, social integration and emotional support may be found within the extended family; among peers, colleagues, or neighbours; and among peers with similar problems, needs and concerns.

3.2.1.3 Assessing Stresses

As with resources, it is neither possible nor necessary to list all the stresses that can be identified during family assessment, although it may be useful to indicate, as examples, the general issues that appear frequently in the child welfare literature.

Stresses which are in some sense internal to the family include:

- A lack of adequately supportive relationships between the parents or parent and other adults. Indicators include social isolation, an inability to give and receive help or affection, frequent conflict which is not managed constructively or safely.

- A lack of adequate care provided to children so that developmental and physical needs are neglected.

- A lack of adequately supportive relationships between the parents and their children. Indications of this may include an inability in the parents to respond to children's dependent or aggressive behaviours, chronic parent-child conflict which is not resolved constructively or safely (especially conflict leading to abuse), an inability in the parents and children to communicate effectively so that the children's needs are responded to.

- Structural deficits in the family, which can include "role reversal" (in which the child is expected to meet the emotional needs of the parent), developmentally inappropriate expectations of the child, inadequate controls on children's behaviour, lack of cohesiveness between parents, and an inability on the part of the family to organize itself in response to problems.

- A poor "emotional climate" in the family, indicated by a propensity toward anger, lack of pleasure and affection, low frequency of interaction, over-reliance on punitive forms of discipline coupled with a reluctance to offer praise, and scapegoating.

- The presence of physical or mental illness, emotional disorders, personality disorders,

addiction to alcohol or drugs, behavioural problems or developmental delay in any family member.

The assessment of stresses within the family's social context is the final general category of assessment information required. In part, these stresses consist of deficiencies in any of the resources noted earlier, since deprivation in and of itself is clearly stressful. A point related to this that should be made strongly is that the kinds of problems described above as being located within the family are often caused or exacerbated by inadequacies in the social supports to which the family is linked.

In addition to material and social deprivation, various kinds of pressures or demands emanating from outside the family may be relevant:

- Social networks can be negative as well as positive influences, so relationships which provide sanction or applause for behaviour that is somehow harmful need to be identified as part of the assessment. Such negative supports are often important to consider in work with teenagers, and they are also believed to be an important factor in many cases of child maltreatment.

- Environmental stresses may also include losses of important relationships, through death, relocation, etc.

- Conflict with social agencies or other organizations (police, schools, welfare agencies and so on) is noted as a source of stress in many cases; so are very conflictual (especially violent) relationships within the informal social networks that the family is part of.

- Finally, a range of circumstances that represent a degree of crisis to the family can be important, including any instance where members are the victim of crime, disease, accidents or other significant misfortunes.

3.2.1.4 Contracting

The idea of contracts between workers and their clients has received thorough attention in the literature. Basically, the suggestion is that the goals of intervention as well as methods for reaching them and different responsibilities of everyone involved should be spelled out and agreed to in explicit terms. The details of this task have been elaborated elsewhere, and need not be repeated here (Canadian Sociotelic, 1983, p. 127).

Logically, the goals that are identified should derive from the assessment information indicated above. Armed with sufficient information about the resources that are available to the family and the stresses operating on or in it, the task is to identify imbalances that can be corrected. The main principle involved is that problems like child maltreatment are seen as largely an expression of a lack of "fit" between resources and needs -- when that fit is somehow improved, the family's ability to function in different areas (like parenting) also improves.

Since goals are derived directly from the assessment, it follows that they may include any combination of four types of objectives:

1. Strengthening the resources within the family; enhancing family competence.

2. Relieving stress within the family, through resolution of various "internal" problems.

3. Strengthening or supplementing available resources within the family's environment.

4. Relieving stress located within the family's environment.

To the extent possible, these goals are identified with full involvement of family members and the worker. From a family support perspective, it is also the case that other involved parties (i.e. members of the family's relevant networks) will often be asked to contribute, based on their knowledge of the family's circumstances. The same is true for agreements as to who will do what when intervention is initiated; a distinguishing feature of the family support perspective is that such agreements will often involve more people than

simply the worker and the family. Any members of the client family's networks may be called upon if they have been identified as resources and are willing to contribute.

One concept about networks that is relevant to contracting is reciprocity. Especially where long-term involvement in meeting a family's support needs is desired, the benefits that will come to the network members as a result of their contribution must be considered and perhaps spelled out. Unless there are rewards to be gained as a result of the effort, it will be difficult for people to sustain their motivation to provide ongoing support.

3.2.1.5 Intervention and Family Support

Obviously, clarifying goals and negotiating contracts with all concerned parties constitutes a series of interventions. Normally, however, intervention also includes attention to a series of intermediate tasks, and the employment of appropriate casework techniques to assist in their accomplishment. The specific steps involved at this point are as varied as the situations that clients present, and generalization is therefore difficult.

Many of the techniques used in family support work are, as we have noted, the same as are employed with any other family treatment modality. It is not our purpose to attempt a summary of family therapy techniques, which would be unnecessary in any event, since many excellent discussions of this subject are currently available (see Hartmann and Laird, 1983, for a recent example). We would, however, highlight the major emphases that are associated with family intervention from a family support perspective.

Efforts to enhance and reinforce family competence may require a particular way of thinking about situations by the worker as much as specific techniques. A systematic focus on competence can be difficult to maintain consistently, but is especially important with families who have suffered the effects of economic and social deprivation.

Clearly, areas of competence such as those outlined earlier in this chapter should be a normal part of ongoing family assessments. Time needs to be taken to explore the family's efforts at problem-solving, with the specific purpose of discovering examples of competence. Explicit identification of competent behaviours within the interview itself is also important, as is expertise with techniques like reframing family experiences in ways that connote competence when this is appropriate (Minuchin and Fishman, 1981, among others, provide a good discussion of "reframing" techniques).

Other interventions that are concerned with building competence are, of course, the provision of various kinds of educational supports. Many of these are by now familiar aspects of the child welfare scene: training in child management and parenting skills, communications skills, conflict management, homemaking, "life skills" and so on are widely used, often in conjunction with other services.

Improving sources of support within the family's context is also largely a matter of orientation -- consideration of such factors needs to be a standard part of family assessment. When this aspect of the total situation becomes the focus for intervention, many familiar casework and groupwork techniques will be used, although the people concerned and the purposes which the interventions serve may seem new. For a convenient way of describing this aspect of family support work, we will rely on concepts developed by Erickson (1975) and Driedger (1981).

Members of the community, extended family, friends or others who are capable of helping to resolve a particular family problem may be convened for that purpose. In this case, the network is seen as a problem-solving or curative group. The worker's job is to convene and animate the group, to educate, to facilitate group process and so on. Ideally, the "network" will take over the problem relatively quickly, in which case the worker relinquishes the leadership role (Speck and Attneave, 1973).

The suggestion in the literature is that this approach is often useful when traditional interventions haven't worked. The intervention is normally short-term, and the number of people involved is entirely dependent on circumstances.

A somewhat different set of purposes may be served by employing existing networks to persuade (or pressure) resistant families into accepting necessary help. Denial of problems or the potential for change is often a barrier for families involved in alcoholism, delinquency, abuse, etc. In such cases, extended family members, employers or peers may help make the family more aware of their problems or of the importance of accepting services.

Network approaches have also been used with the formal service delivery system. This is especially appropriate with families that are linked to a number of different helping agencies, which may be duplicating each other's efforts or working at crossed purposes. The effect can be confusing for everyone at best, while a worse possibility is pressures on the family that are contradictory and which undermine its sense of competence and control. Resolution of differences and coordination of efforts on the family's behalf may be sought through different kinds of approach to the formal service network, up to and including meetings where representatives of each agency and the family are all present.

Where a family's circumstances include a high degree of social isolation or a lack of specific kinds of support, interventions may be undertaken which are designed to create or repair networks. The facilitation of the development of self-help groups for people with shared concerns is a common example of this type of effort. Sometimes, formal programs with a specific treatment or educational focus are offered in the hope that informal support systems will develop among participants as a kind of secondary benefit. Another example involves situations where relations with peers, extended family or other important resources have broken down, and efforts are made to reinstitute them by offering to mediate conflicts, renewing contacts and so on.

<u>Interventions intended to relieve stress</u> (rather than to build resources and competence) will normally employ the more traditional approaches to family treatment. Here, the focus is on the identification and treatment of dysfunctional family processes or personal problems in individual members. Especially when the stresses concerned are seen as existing mainly within the family system,

the kind of work required is exactly what the standard family treatment texts describe. When stress is impinging on the family from beyond its boundaries, similar techniques may be applied to relationships in larger social networks. These may be combined with various efforts to reduce external stress where possible, by attempting to help change existing circumstances. When problems are exacerbated or maintained by dependency on "negative" support systems, of course, attempts to change that network or help develop alternative sources of support may be necessary.

3.2.1.6 Evaluating Intervention

Like assessment, evaluation of outcomes is an integral part of structured approaches to helping. It is not a task that is reserved for termination so much as a regular part of the ongoing helping process.

Evaluation of interventions is obviously a matter of gathering information about their contribution to the goals set forth in the treatment contract(s). Ideally, this is done collaboratively with the family, and the information gathered may serve a number of purposes:

1. to guide the helping process, since further interventions or alternative approaches are based on information about the success of work that has preceded them
2. to add to the assessment
3. to provide information to the agency about impacts of services
4. to provide a useful focus for supervision
5. to provide feedback to the family which can enhance its sense of competence.

Depending on the time and resources that are available, information about the problems targeted for change (baseline data) would be useful, followed by data about the same problems immediately after interventions are tried and, ideally, on follow-up as well. We realize these procedures are not a normal part of case management at this time, but the arguments for incorporating

them are clear enough. At the very least, some disciplined attention is required as to whether long and short-term goals are achieved and whether there has been any impact on the initial problems (e.g. child maltreatment).

3.3 CASE MANAGEMENT: A FURTHER NOTE

Implementation of the casework approach outlined would represent a significant change in practice for many CAS workers. To be consistent with the theme of this report, we would suggest that such changes can scarcely be expected of individual workers unless adequate support is available to them. An organizational commitment to this style of working and to experimenting with ways of applying family support principles is essential, and the most important expression of this commitment will be seen in the ways case supervision is managed.

If a sufficiently large number of personnel within a given agency shares an interest in testing family support principles, efforts in that direction will be helped by systematic monitoring of each case with respect to assessment, contracts, intervention options, and evaluating progress. The best way to assure that such monitoring takes place is to establish it as a formal part of the supervisory role.

3.4 TYPES OF CLIENT FAMILIES

Researchers who are interested in what works in the social services or in the helping professions generally are fond of reminding themselves (and their readers) that questions like "Is casework effective?" or "Does the family support model produce outcomes?" are usually counterproductive because they are too general. If research is to contribute useful information to practitioners it must ask more focused questions: "What works, for whom, under what circumstances and with what kinds of outcomes?"

Finding acceptable and useful ways of typing or grouping clients is obviously not an easy task. Even for purposes of casework with individuals,

developing the tools for differential diagnosis or assessment which serve as reliable guides for choosing interventions and anticipating outcomes has been a very difficult task. When the focus is on intervention with families, it is natural to expect even greater difficulties. The most common approach to categorizing the families served by child welfare workers is to simply identify subgroups whose service needs are distinctive, using certain descriptive or demographic criteria. In planning our own study, we relied on this approach, using the literature and impressions offered by informants familiar with the child welfare system in Ontario to identify subgroups whose support needs were likely to be distinctive in some way. The subgroups chosen for special attention were:

- Families with adolescents where the adolescent is in some kind of difficulty.
- Single parents, especially young single parents.
- Families belonging to ethnic minorities, specifically including Native Indian families.
- Families in rural areas, where access to services might be difficult.

As a result of our analysis, we have something to say about most of the subgroups identified, with one important exception. We were unable to obtain an adequate sample of any of the ethnic minorities which would be of interest to workers.

3.4.1 FAMILIES WITH TEENS HAVING PROBLEMS

In our original review of the literature respecting adolescents we were struck by several points. First, with respect to child welfare issues such as maltreatment, it is well recognized that neglected or abused teenagers and their families present a very different profile of needs and resources than is typical of families whose children are younger. It is also generally held that successful intervention into situations involving teenagers is very difficult. A relatively large empirical literature on treating delinquency, for example, provides little if any reason to be optimistic about our ability to be helpful in very many cases. Our interviews with workers generally supported

this view inasmuch as they often informally expressed frustration about the limits to what they feel they can accomplish with teenage clients and their families. A final point that impressed us is that although the practice literature generally recognizes that families of adolescents are somehow different, there is very little empirical research into what these family differences might be: "Adolescents are neglected by some families and most researchers."

Slightly over a third of the families that we studied contained adolescents with problems. Our sample may be somewhat biased in this respect since some families were purposively included because of their involvement in adolescent programs that we wanted to review. These cases are not large in number, however, so the point can safely be made that families with teenagers who have problems comprise a very large subgroup within the CAS client population.

Teenagers are normally more inclined and more able than younger people to make their troubles known to someone outside the family. Because of this, we cannot always be sure that the differences we have observed exist in fact or represent differences in the quality of information workers possess about their families. Still, such data do adequately represent the families as they are perceived by the workers involved.

When workers were asked about the presenting problems that characterized cases when they were opened, sexual abuse was mentioned in 10% of the cases, and a significant majority of these were families with teens at risk. These families were also more likely to present problems of child delinquency (which is no surprise) but much less likely to be referred for problems involving delinquent behaviour by the parents or various kinds of neglect.

Workers were also asked, during the course of the interview, to consider a list of 50 possible problems and strengths, checking those that were applicable to the family under discussion. Our analysis of these responses indicates some very clear differences in families with teens at risk. These are summarized in Table 3.1

Table 3.1
COMPARISON OF FAMILIES WITH
TEENAGERS AT RISK AND OTHER FAMILIES

Items more Frequently Checked for Teens' Families	Items Less Frequently Checked for Teens' Families
parents ask for child's removal	various financial indicators: not enough money, debt, inadequate or dangerous housing
parents don't express pleasure in the child	live in low income, transient neighbourhoods with lots of boarding and rental housing
little positive parent/ child interaction, frequent discord	lack of access to social supports: child care, recreation and other children
poor limit-setting	developmental delay in child
parents don't respect child's individuality	various dysfunctions in the parents: substance abuse, criminal behaviour, poor home-making, general inability to cope, and mental health problems
behavioural problems in the child: delinquency, school problems, violence, substance abuse, poor peer relationships, etc.	
more frequent willingness or ability to recognize problems.	

A general restatement of the information in Table 3.1 might simply be that families with teenagers at risk, compared with other CAS client families, are more frequently seen as suffering from behavioural problems in the child and a significant breakdown in the parent-child relationship. They are much less often seen as suffering from poverty, social isolation or serious dysfunction in the parents.

Compared with other client families, this group may require an emphasis on emotional and educational supports, where the focus is on ameliorating behavioural problems in the child and repairing family relationships. This implies a clear (and difficult) counselling role for the workers and programs that include a treatment focus. Social

integration and advocacy are also very important in helping adolescents (adequate linkage to prosocial peers is a common concern, for example). However, simple access to resources, and a concern with social isolation and the need for concrete supports may be a primary focus less often with these families than with other subgroups of clients.

If the problem profile of families with problem teens is correct, individual attention to the teenager around relevant psychosocial issues normally will be appropriate, while a parallel focus on the family unit as a whole will be needed as well. This undoubtedly describes a task which demands a large commitment of time and effort, so it is not surprising that the programs serving adolescents on an intensive basis tend to be expensive (see Ch.4 for examples of programs and their costs).

3.4.2 FAMILIES OF SINGLE PARENTS

We will refer to the parents of families in this category as single mothers as an acceptable convenience, since single fathers are still a relatively rare phenomenon and were practically nonexistent in our sample.

A general observation about the problems associated with single parenthood is that it is very difficult to separate out the effects of economic deprivation. Whether single parenthood is a consequence of unmarried pregnancy or of family breakdown, a large majority of these women find themselves living in poverty, which, in turn, obviously creates problems for families.

While it is not uncommon to hear the suggestion that single mothers, especially young single mothers, are "high risk" parents for child maltreatment, the empirical support for this viewpoint is not strong in either the literature or in our own findings.

Almost exactly half the families we sampled were headed by single mothers, although it is interesting to note that many of these were living with at least one other adult. The proportion of single parents living without the support of some live-in adult companionship was slightly over 1/3 of our sample.

Analysis of data provided by the workers did not show any striking differences respecting presenting problems for this group of families (they scored higher than two-parent families on just one item indicating neglect). It is clear, however, that the workers perceive them much more frequently as being poor, living in inadequate housing, and having poor access to resources.

Studies of treatment programs for young single mothers do not seem to be plentiful. Some evidence from studies with unmarried mothers show short-term gains which are not sustained -- drop out rates from upgrading or educational programs tend to be as high for women who have taken part in treatment programs of various kinds as they are for controls. The same is true of the incidence of second unintended pregnancies. There is some suggestion that gains are maintained better when some sort of ongoing long-term support is provided, but there simply is not enough research evidence to be confident on this point.

The single mothers in our sample did not fare differently with respect to reported outcomes in general. One exception has to do with the impact of foster care on the family. We did find that use of temporary foster care was associated with positive change in a number of areas, including antisocial behaviour on the part of the child. In our analysis, this particular finding was true for two-parent families but not for families headed by single parents. Perhaps such gains are more easily maintained when the mother has some ongoing adult supports in her life.

If there are any general conclusions to be drawn from our findings with respect to this group of clients, they should include the suggestion that they represent a sizeable subgroup whose support needs clearly emphasize concrete supports and help toward improved social integration. This is not to suggest that the other types of support should not be emphasized; the indications are simply that with this group of families careful attention to concrete and social integration support needs will often be a necessary part of the total intervention plan. A further suggestion which has a degree of empirical support and also makes good intuitive sense is that access to social support on an ongoing basis may be lacking for these clients and may be an important factor determining whether or

not benefits gained from counselling or program intervention are maintained. For some single parents, developing sources of support which will remain in place after the formal intervention is over may be a crucial step in the helping process.

3.4.3 FAMILIES IN RURAL AREAS

Somewhat more than 1/3 of the families in our study were from nonurban settings (the north or rural south). Our sampling strategy was intended to include a reasonable number of rural cases, because family work in such areas is believed to require an approach to service delivery that is, in some respects, distinctive.

A rather large literature on rural social work has developed a number of themes that are relevant to our discussion of family support services:

1. It is generally recognized that formal support services are delivered differently in rural areas. Access of workers and their clients to one another may be more difficult and limited to specific times. When workers are situated in a satellite office, their access to administrative and decision-making levels within their service system may be similarly restricted.

2. Another difference is that highly specialized services, which are only supportable in communities with sufficient populations, are normally located in cities. Access to these services, therefore may be very difficult for families simply by virtue of distance.

3. It is believed by a number of people that the informal sources of support indigenous to rural communities (extended family, friends, colleagues, etc.) are more influential relative to formal supports for families in those communities.

4. It is also argued that the informal indigenous support systems in rural communities may be more stable and more closed than in urban centres, so that it may be difficult for externally-based helpers to learn about problems (such as child abuse) and to intervene effectively when they are brought to their attention.

The most popular current beliefs about providing supports to families in rural communities reflect efforts to adapt to the factors noted above. At times, professional helpers may have to accept a somewhat different helping role in these communities. Rather than relying primarily on their own direct involvement with the client family, their focus may emphasize efforts to create, animate or assist the informal networks to which the family is connected. Thus, help may be provided somewhat less directly through the worker's ability to animate social resources which can be available to the family in a stable and ongoing way.

The preceding does not imply that the more traditional forms of professional help or formal programming are irrelevant outside the cities. Indigenous helpers are no more able (or willing) to deal effectively with every problem that arises in these rural communities than elsewhere. The literature simply suggests that the most effective marriage of formal and informal helpers may require more sharing of responsibility for resolving problems in rural than in urban areas.

In our own research, the differences we observed between urban and nonurban cases are, on the whole, predictable. The problems that workers indicated more frequently for rural families include physical isolation, poor access to services, and isolation of children from other children. For urban families, items that were more frequently checked were those associated with poor neighbourhoods, exposure to antisocial behaviour and parent-child relationship problems. If we add to this the fact that urban families' presenting problems more frequently include emotional rejection, there is evidence that, in the workers' perceptions at least, relationship problems between parents and their children are more frequently encountered in urban areas. On an index of parent-child problems which was constructed from responses to a number of items from the problem checklist, urban families again showed higher scores for the frequency and apparent severity of such problems.

We should note at this time that we did not collect data in very remote areas of the province; the communities we visited all enjoy the benefits of roads, television, telephones and so on. We did study families from areas that are rural by most standards, but our findings should be understood in

light of the fact that cases from extremely isolated situations are absent from our sample. This being said, we would note that when we looked at the service delivery data reported by workers about their cases, we found few of the differences one would expect to find between the urban and nonurban cases:

- There are no real differences in the number of hours per month that workers estimate they spend with their client families. If anything, the estimates were higher for cases from the north.

- When we asked how much time had elapsed between the initial request for service and the first contact, families in northern and rural areas were more frequently reported to have been seen the first day, less often to have waited more than a week.

- There are no differences favouring nonurban cases in the number of collaterals contacted in the course of working with families. Differences in the types of collaterals contacted simply reflect predictable variations in the kinds of supports available.

- There were no apparent differences on a host of other variables describing service, such as levels of program used, types of support provided, and so on.

Thus, the data we gathered reinforce the idea that there are some differences in the support needs of rural familes compared to their urban counterparts. We did not, however, find striking differences in the approaches to service delivery that have evolved in rural areas.

Although workers report spending more time travelling, they still apparently manage an equal amount of direct contact with their clients. We also looked at the type of supports provided, amounts of program support, contact with collaterals and so on without establishing any clear differences in service patterns, beyond those that can be explained by the fact that some services (e.g. daycare) are more available in the cities. It would seem from this that if rural communities make direct professional involvement more difficult, as the literature suggests, these

difficulties are not at all insurmountable.

The desirability of making greater use of natural networks in rural social work is another question. It may be that an emphasis on intervention using indigenous helpers would be useful but is not being done, or it may be that there are differences in service delivery in this direction that we failed to measure. Since the rationale for the approach still seems to us to be sound, we would suggest that experimentation with innovative uses of natural helping networks in both urban and rural areas is necessary before the requirements (and opportunities) that different types of communities present can be adequately understood.

3.4.4 FAMILIES BELONGING TO ETHNIC MINORITIES

Questions relating to how effective service can be provided to ethnic minorities, as is widely known, are highly relevant to CAS work throughout Ontario. Immigrant groups from various parts of the world, as well as minority groups which were established in the province well before the first CAS appeared (Native Indians and Francophones, for example) cannot be served properly unless their special cultural characteristics are understood and responded to appropriately.

In general, the problems that can arise in work with minority groups derive from an imbalance of political and economic power and from difficulties communicating. When, as is often the case, minority groups have relatively limited political and economic influence, they are in danger of having their needs and rights overlooked, and of having norms or values which are not their own imposed on them in various ways.

The communications problems that can arise are variations on an underlying theme, to the extent that people use different languages and operate from different basic premises, they are in danger of misunderstanding each other. This can obviously make it difficult for clients and workers from different backgrounds to establish the basic rapport on which much social work intervention depends.

For the general reasons noted, a number of suggestions about delivery of services to ethnic minorities are popular in the literature. One is that, to the extent possible, the power and authority for administering social services be turned over to the ethnic communities involved; the current move toward Native Indian band councils assuming responsibility for child welfare services to their constituents is an example of this. Another common suggestion is that ethnic minorities should be served by professionals or paraprofessionals who share their cultural and linguistic heritage. When an ethnic community also constitutes a geographic unit, an obvious idea is that locating services within those communities should have advantages. Training of workers to enhance their sensitivity to cross-cultural issues is frequently recommended as a way of lessening the risk of communications difficulties. Finally, one frequently encounters the same suggestions as are made respecting rural communities -- that the influence of natural networks within ethnic communities can be critically important. Formal service providers may improve their outcomes to the extent that they can enlist the aid of informal or indigenous social resources.

The foregoing is a brief synopsis of what other writers and researchers have had to say about work with ethnic groups. Unfortunately, as reported earlier, we cannot add information of our own about these issues. Since we failed to sample families from any of the ethnic minorities in sufficient numbers, we were unable to include ethnicity as a variable in our analysis.

3.5 PROBLEM PROFILE OF CAS CLIENTS IN ONTARIO

In addition to considerations about the characteristics of various subgroups of client families, another part of our analysis was an attempt to simply describe how frequently workers observed particular problems within the sample as a whole. As indicated earlier, when we interviewed workers we asked them to go through a checklist of almost 50 common problems and indicate which of these were applicable for the families sampled. The analysis of these responses provides a reasonably representative picture of CAS clients as their workers see them.

Among the problems and insufficiencies on the checklist, we included five items that were intended to indicate family competence and motivation. Responses to these items were rather interesting in that they contradict common stereotypes of CAS client families:

- most (61%) were seen as stable in terms of family membership
- most (63%) had provided at least some evidence of competence as homemakers, employees or in some other important role
- the majority (68%) were seen as showing some motivation for trying to change dysfunctional behaviours
- very large proportions of our sample were seen as being willing to admit to problems (83%) and to accept help in dealing with problems (81%).

The problems or insufficiencies identified by workers considered comprised a mixture of possible economic, environmental, familial and personal problems. The frequencies with which the various items were checked present a mixed picture, which is not inconsistent with ideas we have already discussed respecting the need for a range of types of service or service packages.

A large proportion of the client families are seen as suffering from economic problems. With frequencies approaching 50% (or more) of our sample, workers reported their client families having insufficient money for meeting basic needs, having problems meeting their financial obligations, and living in neighbourhoods characterized by poverty. The importance of attending to environmental issues and the possible need for concrete services is clearly supported by these findings.

In addition to economic problems, large numbers of the families are seen as having various interpersonal and personal difficulties. For many families, these problems will have been exacerbated or caused by the stress of being poor, but they still indicate a pressing need for various educational and emotional supports. In general, the desirability of a family focus to interventions is also supported by these findings. Indicators of problems with relationships (marital conflict, parent-child conflicts, parenting deficits) are reported for approximately half the sample.

In analysing this information, we were also interested to know what kinds of patterns of problems or typical problem profiles are seen within the clients sampled. To look at this question, we used statistical procedures designed to indicate which items on our checklist tended to be checked together (for the same families). Such common clusters of problems are of interest because they may indicate differences between families respecting what their service needs are.

The analysis used indicated that there are six different sets of problems which tend to be seen in the same clients. These sets of problems can be used as profiles or indices which can be used to describe different families and to understand their needs. We gave each index a name that seemed consistent with the problems it incorporated. The indices and the problems that they comprise are presented in table 3.2.

Table 3.2
THE PROBLEM INDICES

(1) Inadequate Parent-child Relationship Index (13 items)

* parents show little pleasure in child
* infrequent positive parent-child interaction
* inability to relate to child as a person
• additional items which signify problems with disciplining or relating constructively to children, and indicators of parental dysfunction in the form of emotional disorder or a general inability to cope.

(2) Antisocial Child behaviour Index (7 items)

* alcohol or substance abuse by child
* delinquent behaviour by child
* truancy
• more items which indicate additional school problems, discord with parents and discord with other children

(3) Behavioural/Emotional Child Problem Index (5 items)

* chronic discord with other children
* school problems other than truancy
• three additional items indicating violence, discord with parents and emotional disturbance.

(4) Unstable, Low Income Neighbourhood Index (4 items)

* low income neighbourhood
* high proportion of rental units in neighbourhood
* families move in and out of neighbourhood frequently
• risk of exposure to antisocial behaviour

(5) Low Service, Low Support Neighbourhood (6 items)

* physical isolation from other families
* difficulty accessing services
* few other children to play with
* lack of activities for children
• lack of access to recreation and to parent relief

(6) The Poor, Low Functioning Parent Index (6 items)

* inadequate money for necessities
* unable to meet financial obligations
* inadequate housing
• three additional items indicate poverty and an inability to manage everyday tasks

* For statistical reasons, the items marked with an asterisk are considered most important for defining their index.

Of the six indices, the one that has some applicability for almost all cases is the Inadequate Parent-Child Relationship Index. Over 95% of families were seen as experiencing at least one of the problems from this set, while the average score (total number of problems checked) for families on this index was more than six out of a possible maximum of thirteen.

The two indices that indicate economic and social deprivation have at least some applicability in 2/3 to 3/4 of the cases sampled. Those that refer primarily to child problems are applicable in about 70% of cases, and the Poor, Low Functioning Parent Index, which indicates poverty plus poor parental functioning, also has at least some relevance with approximately the same frequency (70%).

Thus, if workers' perceptions are correct, there is an almost universal need within this client population for help with parent-child relationships. The other indices have relevance to a large proportion of clients as well, which supports suggestions that the agencies need to be prepared to offer a range of services with varied focuses.

A further observation that may prove useful is an apparent pattern whereby clients who tend to score highly on the poverty indices and the Poor, Low Functioning Parent Index also tend to be the families of younger parents and single mothers. On the other hand, families which score highly on the child problems indices tend to be families with older parents and problem teenagers. The latter group also had more problems on the Inadequate Parent-child Relationship Index.

These findings are all tentative, but make intuitive sense and are potentially useful. Since all of the indices have some relevance to most cases, it seems that interventions and programs focused on any of the types of problem clusters described will be widely useful. Also, it seems clear that most families will benefit from help with more than one type of problem. Given this, it is also apparent that there are subgroups within the CAS population whose problem profiles (and hence service needs) are quite different, an example being the difference between the younger, more economically and socially impoverished

families and the older families whose perceived problems emphasize behavioural and relationship issues.

3.6 PATTERNS OF SERVICE DELIVERY

In the course of our interviews with workers we asked a good many questions about service delivery. Information was collected about speed of response at the point of referral, intensity of service, the kind of help the worker was providing, use of collaterals, and the types of support programs that were being employed. Some of our general findings about casework practice are of interest, especially as they relate to the principles associated with family support work described earlier in this chapter.

The information provided by the workers indicates that referrals are responded to quickly; in most cases family members wait less than a week before being seen. Also, the average family is seen for four or more hours per month by the worker and most are also seen by program staff or other personnel associated with the agencies. When one considers as well that the average family has been an active case for more than 1 1/2 years, the conclusion is that the amount and intensity of service being provided is rather high.

Workers also report that, as part of their casework service, they provide a range of types of support. Provision of educational supports was identified as part of their work in over 75% of cases. The frequency with which they see themselves as an emotional support to the family is also close to 75%. Advocacy, concrete support and help with social integration were identified as part of the worker's role less frequently, which is not to say they are irrelevant since all were seen as part of the service provided in about 50% of the cases reviewed.

Finally, the family's use of support programs of various kinds was examined. Program involvement in some form was a feature of virtually every case. For the families in our sample, this aspect of the work being done represented a considerable investment. Some form of residential care had been

employed in almost half the cases, and nonresidential programs with a treatment focus had been used in about 66% of the cases. The estimated amount of time involved, therefore, adds up to hundreds of hours of program support in many cases.

Thus, the general level and intensity of agency involvement with the families studied seems impressive. Also, the range and flexibility of services that has been described earlier as a desirable thing seems to be available in most cases; the workers describe their own role as comprising the use of a variety of supports, and the use of a number of collaterals and program supports is also common.

Our observations regarding casework services are not entirely positive, however, and we would note two important ways in which the general family support principles discussed earlier in this chapter could be implemented better. In this, we are relying in part on our quantitative data, but not entirely so. Some aspects of service delivery could not be adequately measured as part of our case reviews. While we feel that clear perceptions that have been formed by our research team after several months of interviews are worth sharing, it is important to note that they are more impressionistic than much of what has been discussed in other parts of this report.

The first major issue has to do with the extent to which services provided reflect a focus on the family unit and other informal sources of support:

1. Workers seldom indicated that they were engaged in counselling the entire family, and referrals for family treatment are not the norm. There are clear exceptions to this generalization which we do not wish to discount; still, it seems that a true family focus to casework is absent for the most part.

2. Difficulty in developing a focus on the family unit is also apparent in our program data. The most common situation involves programs for children or mothers in separate groups. They are served together less frequently, and programs that involve fathers are very rare. Programs that serve parents or children in segregated groups are not necessarily inappropriate, but the apparent lack of any

successful effort to include the whole family is troubling. Our concern can be illustrated by a case where the problem identified was an insufficient mother-son emotional bond and where provision of extensive program supports had resulted in them spending virtually no time together. Most of their time was occupied being helped in isolation from one another, which was undoubtedly well-intended but seems guaranteed to perpetuate the basic problem.

3. There is little systematic effort to explore and utilize the informal social supports that could be important to CAS clients, through involvement of workers with potentially helpful people within the extended family, networks of peers and so on.

The second general observation that we would advance at this point has to do with structure: to what extent are casework interventions conducted in a way that is consistent with the structured approach discussed earlier in this chapter?

1. As has already been indicated, the kinds of assessment information that workers focus on tend to emphasize stresses and resources within the family, or formal resources in the community. Little emphasis is placed on informal sources of support or stress within the family's social environment.

2. Normally, workers reported having negotiated a contract with their client families. Often, our impression was that these agreements are not as explicit as is generally considered desirable, and they are not used to provide a focus for interventions as much as they could be. Likewise, exploration of the goals that are being pursued with clients normally left us thinking that they had not been carefully or systematically thought through. The questions about goals were often difficult for workers to answer (even with considerable probing), and they were seldom stated in terms that could be easily operationalized.

3. As most people familiar with the area would predict, there is little systematic effort to use supervision (or other monitoring procedures) to evaluate progress toward goals as intervention proceeds.

3.7 THE IMPACTS OF SUPPORT SERVICES

It is difficult to provide confident answers to questions about impacts of service in the absence of carefully controlled studies. These are not common in the family support literature, and our own research was not intended to meet such criteria. We did, however, collect some information which is relevant to the question of outcomes.

It is not unusual for the use of alternate care to be treated as an outcome indicator in child welfare research. Normally, if use of care can be avoided or reduced, this is regarded as positive, while the need for alternate care is interpreted as a failure of the services that were attempted prior to placement. In our own study, we recorded information respecting the use of alternate care in the cases we reviewed, and we were interested to know if there was any relationship between this and the levels of support services that were provided. The findings in this regard are straightforward enough: we found no evidence in our analysis of the general sample that high levels of support services of any type are associated with a reduced need to use alternate care for children. While there are indications that specific intensive programs (see Ch. 5) may reduce the need to place children outside their homes, there was no indication in our data respecting the total sample that high levels of support and program services are associated with fewer or shorter placements.

Another indication of change that we examined was the workers' own perceptions of the areas where clients were making progress. Using these perceptions as an outcome variable our analysis did indicate that high levels of support and program services are associated with perceived improvements in such areas as parenting and homemaking skills, the parent-child relationship, and childrens' individual functioning (including school adjustment). Interestingly, the connections we found between levels of support and perceived change were present for families whose levels of problem severity (as measured by the problem indices) were initially high -- presumably relatively difficult cases.

Finally, as indicated earlier, we were able to consider change over time respecting scores on the various problem indices. Obviously, a decrease in the number of problems from a given index that are identified with respect to a family can be considered to be evidence of progress in that area. In our more detailed research report (1985), we provide information about change on each of the indices in turn. For our purposes here, it is enough to highlight four general conclusions:

1. A perceived decrease of problems having to do with child functioning and the parent-child relationship is related to indicators of support such as hours of service and levels of program supports provided. The most consistent finding, however, is that a decrease of these kinds of problems is associated with the use of care. Thus, while our results did not indicate that use of care (as an outcome) is affected by the levels of other supports provided, when care is analysed as a treatment, it seems to have a positive impact with respect to a number of problems in child functioning and parent-child relationships.

2. There are some subgroups of families, especially those with a high frequency of the problems measured on the Poor, Low-functioning Parent Index, which seem able to absorb high levels of support without changing. When families have this kind of problem profile, it may be that extensive services are useful to help them maintain themselves, but it also appears that actual movement is less likely to be achieved by them. Long-term support strategies may in fact be more realistic for such families than attempts at short-term intervention alone.

3. In some cases, there is evidence that high levels of support have less impact when the family is poor and lives in an impoverished environment. This supports a point that has been made often but bears repetition: efforts to deal with personal or interpersonal problems can be seriously handicapped if pressing concrete material needs are not attended to.

4. Circumstances other than poverty may affect the way in which supports contribute to change. In some cases, families with two parents seemed to benefit while single parent families did not (perhaps, some kinds of changes are easier to maintain if there is a partner available to

share in the process). For some indices, there is a relationship between the effect of supports on problems and initial levels of problem severity. When use of care is beneficial, it seems to help even with the high-problem cases. Other indicators (high levels of worker contact, for example) appeared to make a difference respecting some indices, but only when the initial levels of problem severity were moderate or low.

Thus there are some indications that, for our sample as a whole, levels of support provided are associated with perceived change. There is little to suggest, however, that reduction of care will be a necessary outcome in cases where high levels of service are provided; indeed, there are indications that care is itself a program intervention that has beneficial impacts with respect to a number of types of problems.

Clearly, many unanswered questions remain respecting the most effective applications of family support ideas by front line workers. Many of the principles are new and relatively untried, and an attempt to make a final judgement about their utility would be premature. Hopefully, the information in this chapter suggests fresh ways of thinking about the families served by the CAS agencies, while also recognizing fully how complex the business of matching appropriate supports to family needs will inevitably be.

CHAPTER 4

FAMILY SUPPORT PROGRAMMING IN CHILD WELFARE

4.1 INTRODUCTION

There has been a great deal of experimentation with family support programming in child welfare in recent years. Yet, there has been little assessment and sharing of these experiences. Unfortunately, there is still substantial confusion about the meaning of family support and its translation into programs in child welfare. This chapter reviews the evidence on family support programming and attempts to provide a summary that will be useful to child welfare practitioners, program managers and policy developers. Unless otherwise indicated, all of the interpretations in this discussion are based on the earlier review of the literature (Canadian Sociotelic, 1983) and the previous research report (Cameron and Rothery, 1985) in this project. Readers interested in a more detailed and documented examination of these topics are referred to these volumes.

The interpretation of the research evidence on family support programming in child welfare is definitely open to debate. A number of reputable authors reviewing the literature on family support programs are very positive about its potential benefits in child welfare (Maybanks and Bryce, 1978; Garbarino and Stocking, 1980; Maluccio et al., 1981; Stein et al., 1978; Whittaker, 1983). Other credible reviewers have focused on the confusion and disarray in social service programming and the lack of "proof" of the effectiveness of family support programs in child welfare (Kadusin, 1979; Magura, 1981; Hornick et al., 1983). An excellent argument can be made that family support programs have demonstrated their potential to reduce the incidence of child maltreatment and to prevent family breakdowns under a variety of circumstances. On the other hand, there are unequivocal confirmations of the confusion, lack of control and, in some areas, the lack of effectiveness of family support programming in child welfare.

The general question "Are family support programs

effective?" can only be properly answered in an equivocal fashion. Some types of interventions are effective for specified purposes under certain circumstances some of the time. No guarantees can or should be given. There are tremendous variations across different types of family support programs and even between comparable program types. Some interesting questions to begin to answer in family support program research include:

- What types of family support interventions are most promising for what purposes?

- What programming parameters maximize the potential benefits of each type of family support intervention?

Experience with family support programming in child welfare is now extensive enough that it is both necessary and possible to introduce greater precision into our planning and investigations.

4.2 REVIEW OF FAMILY SUPPORT PROGRAM EVIDENCE

Based upon a review of eighty-six program discussions found in the literature, it is possible to identify general family support program characteristics that may contribute to the 'success' of family support programming in child welfare. While any single project report or assessment may be challenged, there is a weight and convergence to this evidence that indicates that effective family support is possible and that it is within the capabilities of child welfare agencies (Whittaker, 1983). While program descriptions were covered in this review, the following conclusions draw upon available research evidence on family support programs: *

1- Highly trained and experienced staff are useful at the point of intake in order to handle crisis situations.

2- Non-professional lay staff are demonstrably effective in family support and can be profitably incorporated into programming.

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* The sources of the research evidence upon which these conclusions are based are listed in Appendix A.

3- Multiple services and supports have stronger impacts on families than single interventions. Many successful family support programs provide a variety of supports concurrently to families.

4- High levels of direct contact with families (eg. 5 to 30 hours per week) have been characteristic of effective family support programs.

5- Standard child welfare methods (eg. counselling, skill training, homemakers) are efficacious methods of supporting families if provided in combination and at high levels.

6- Inhome services have been associated with favourable outcomes under certain conditions.

7- Skill training has had demonstrated impacts on specific individual and family problems. However, such approaches have not been effective with isolated and multiple problem families unless combined with strategies that augment the families' access to positive social networks.

8- The length of time that counselling support has been provided has been positively correlated with beneficial impacts.

9- Effective family supports have been provided in a variety of ways: crisis intervention and therapy, counselling, skill teaching, inhome services, peer groups, peer networks, mutual aid associations, recreation and social activities, etc. The more powerful programs typically build in a package of these approaches.

10- Reportedly effective family support programs usually have low staff-participant ratios (eg. 1:4 to 1:12) allowing for more direct contact with families.

11- There has been great variation in costs per case episode across various types of family support programs (eg. $800 to $10,000 per case episode) and across programs of the same type.

12- Groups of peers with similar problems, positive peer networks and mutual aid strategies have been associated with positive outcomes with a broad variety of participants confronting diverse situations.

13- The family support programs assessed in this research project with clear evidence of positive impacts on child placement and case closure indicators have several characteristicss in common. The level of direct contact with families is high. Each program includes involvement with peers with similar problems and other community residents as well as direct contact with paid helpers. Mutual aid is encouraged. Most striking is the variety of activities in which participaants are involved, such as camping, recreational and social activities, sports, crafts, organizing community visits and events, inviting guest speakers, fundraising as well as counselling, discussion groups and formal teaching sessions. Participants have definite responsibilities in program planning and implementation.

It proved possible to classify the family support programs reviewed in the literature into five basic options. Table 4.1 provides a brief overview of these major alternatives and their reported impacts on families. While these are gross comparisons, it is reasonable to conclude that the range of supports provided and methods of helping emphasized in these programs is quite limited. Child welfare agencies essentially provided the services with which they were already familiar but at higher levels and for the express purpose of supporting families.

Family support programs emphasizing informal methods of helping are almost non-existent in child welfare. Intervention strategies that emphasize the support of families remain a very distant second to those stressing change in individual and family problems. The problems of social integration and ongoing support of these families are seldom addressed. In addition, environmental action, either in terms of individual advocacy or collective action, was not a component of these family support programs. As suggested in chapter two of this report, there exists a range of unused interventions potentially accessible to child welfare agencies with proven benefits for community integration, self-sufficiency, ongoing problem solving and the prevention of institutionalization. In particular, program strategies utilizing self-help, peer groups, recreational and social activities, community group activities and the creation of social networks are promising avenues in child welfare.

Table 4.1
OVERVIEW OF COMMON FAMILY SUPPORT
PROGRAM ALTERNATIVES IN CHILD WELFARE

INTENSIVE CRISIS INTERVENTION PROGRAMS (3)*

Services

- -emergency help
- -brief intensive services eg. -every day
  -24 hr.
- -time limited but referrals possible
- -a high level of direct contact
- -a broad range of supports eg.:
  - -crisis counselling
  - -advocacy
  - -shelter
  - -homemakers
  - -foster homes
  - -24 hr. intake
  - -training and skill development

Reported Impacts

- -a capacity to reduce % crisis placements
- -an ability to return children home
- -cost-effective.

INTENSIVE SHORT/MEDIUM-TERM PROGRAMS (39)*

Services

- -high level of direct contact (5 to 30 hrs./wk)
- -lower number of cases per worker (11)
- -dominant service package included:
  - -counselling or therapy
  - -training and skill development
  - -inhome practical services
- -clients served from 6 mths. to 2 yrs.

Reported Impacts

- -a reduced incidence of abuse and neglect
- -a reduction in child placements
- -positive impacts on parenting and child development.

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* Number of programs reviewed in the literature that were classified into this category.

INTENSIVE LONG-TERM PROGRAMS (4)*

Services

- -same services as short/medium term
- -focused on severely dysfunctional families who have been unsuccessfully served by other agencies
- -high risk of child maltreatment, placement

Reported Impacts

- -support without high re-incidence of abuse or placement; independent functioning not expected.

SKILL DEVELOPMENT/TEACHING PROGRAMS (5)*

Services

- -instruction the central focus
- -inhome or classroom
- -focuses on parental skills, child management, child development
- -sessions 2-3 times per week
- -time limited
- -other supports may be joined, eg.:
  - -transportation
  - -babysitting
  - -advocacy

Reported Impacts

- -positive impact on child development
- -positive impact on parenting
- -participant satisfaction
- -no reported impact on incidence of abuse and neglect; child placement.

HOSPITAL NEWBORN PROGRAMS (7)*

Services

-through maternity department of a hospital
-first-time mothers identified as high risk
-outreach services:
    -ongoing link with pediatrician
    -ongoing contact with quick access
    -home visits by nurse or homemaker
-helping new mother to understand and to cope

Reported Impacts

-good research evidence on reduced incidence of serious child abuse
-no reported impact on parenting or child development.

4.3 REVIEW OF EIGHT FAMILY SUPPORT PROGRAMS IN CHILD WELFARE

4.3.1 INTRODUCTION

As part of this family support research project, eight family support programs in Ontario Children's Aid Societies were reviewed. A companion volume to this report (Cameron and Rothery, 1985, pp. 99-286) discusses the development, operation and outcomes of each of these programs in depth. In this section, a brief overview is given of the eight programs and the discussion focuses upon the major issues and implications for child welfare practice and programming from these reviews. The following programs were included in these assessments: self-help program, family skills program, parent aide program, homemaker program, adolescent afterschool program I and II, child and family management program, child management program.

These reviews were not intended to conclusively demonstrate the ongoing success or failure of any one of these family support programs. It would also be fallacious to generalize from these assessments to all family support programs or even to all programs of the types reviewed. The fundamental purpose of this research is to generate insights into the nature and potential of family support in child welfare.

4.3.2 GENERAL DESCRIPTIONS OF THE PROGRAMS

The Self-Help Program is organized around two groups working independently of each other in two different municipalities. About 20 women are active participants in each self-help group. Besides activities for participating mothers, each group has organized a parent-assisted daycare service for their children. The philosophy of the program emphasizes an approach to program planning and implementation in which the women decide on priorities and "own" the group. The groups explicitly provide social support to these women and encourage mutual aid and socializing. These are not 'treatment' groups. Neither are the groups organized around a predetermined educational curriculum. Rather, activities have been varied including undertakings as diverse as camping,

recreation and sports, giving community dinners, presenting a play, inviting guest speakers, social events, visiting community services, fund-raising, as well as following a parenting and life skills course. The women were proud of their accomplishments and expressed their loyalty to their self-help group. The groups are places where they can feel at home. Participants in the program have definite long-term social support requirements.

The Family Skills Program uses small groups to teach parenting and life skills to mothers. Mixed in with the emphasis on teaching, the groups provide a 'safe' environment for practising new skills and provide social support to participants. There are two major teaching options within the program. The Basic program groups have six to eight mothers (parents) each and they meet once a week for two hours, from January to July. Participants may take more than one session of Basic. The Intensive program groups, of six to eight mothers (parents), meet for four half days a week for ten weeks. Participants in Intensive are graduates of Basic. They also receive one home visit per week and, if living with a partner, participate in the Couples Parenting group one night a week. The curriculum for both groups includes topics such as parenting and child management, housekeeping, nutrition, budgeting, self-management, communication and relationships. The Family Skills Program has also developed several small support groups for 'graduates'; however, there has been a lack of time and resources to develop this aspect of the program. This program is also working with families with clear long-term needs for social support.

Both the Parent Aide Program and the Homemaker Program provide homemaker services emphasizing warm empathetic relationships with parents,teaching through modelling of practical methods of parenting, child care and home management as well as the provision of concrete support to parents. Homemakers are non-professional helpers chosen on the basis of their life experience and their personal qualities. In both programs, the homemakers work with two to three families at one time. The homemaker services were designed to complement the efforts of the child protection workers. There was great variation in the amount of service provided to individual families by these homemakers.

The Adolescent Afterschool Programs I and II provide a place for adolescents to go three or four times a week for the late afternoon and early evening. These programs work with families where the adolescent's behaviour is a concern and frequently where the placement of the adolescent is an immediate possibility. These afterschool programs operate out of houses close to public transportation and community recreational facilities. These are 'milieu treatment' programs in which structured group activities provide opportunities for adolescents to develop positive peer relationships and to learn new social and life skills. These programs are characterized by the high levels of direct contact with the adolescents and by the variety of activities in which the adolescents are involved. The youth participates in activities such as group discussions, individual counseling, camping, hiking, crafts, sports, planning the program, chores, homework and tutoring, hearing guest speakers and visiting community facilities. The programs do not accept youths with severe behavioural, emotional problems or the mentally disabled.

The Child and Family Management Program and the Child Management Program were designed to offer practical advice and training in basic parenting and child management methods. By providing such support at levels of services higher than those typically received by child welfare families, it is hoped that family functioning will improve and family breakdowns will be prevented. Child care professionals with experience working with children in residential settings are considered particularly appropriate for this work by virtue of their practical knowledge of parenting and methods of child management. The main location for service is the family's home where the child management worker can provide practical guidance at times of high stress in the daily routine. The Child & Family Management Program also ran structured educational groups. Responsibility for about 50% of the child management cases was shared with child protection workers, while remaining cases were the "sole responsibility" of the child management workers. The child management workers were responsible for caseloads of between seven to 14 cases each. There was a general perception, in this program, that the role of qualified child care professionals should be greatly expanded in child welfare agencies.

4.3.3 SERVICE PARAMETERS FOR THE PROGRAMS

Levels of direct contact with participants in these eight programs ranged from a high of 72 hours per month (Afterschool II) to a low of 7.36 hours per month (Child Management) and from a total of 409 total hours of program contact (Afterschool II) to 38.5 total hours of program contact (Child Management). Services varied from social-recreational-educational programming to structured skill teaching to inhome role modeling and teaching to inhome demonstration of child management methods. Some programs stressed the use of single paid helpers, while others utilized a variety of formal and informal helpers. Given the framework for understanding social support developed in chapter two, it is reasonable to anticipate very different results from these programs. Yet, all of these programs make quite similar claims in their rationales. They all purport to reduce child maltreatment, to prevent child placement, to improve parent-child relationships and to augment parent and child development. There is little precision in distinguishing or documenting the potential of these family support program alternatives.

Table 4.3
SERVICE PARAMETERS FOR EIGHT FAMILY SUPPORT PROGRAMS

Self-Help	Family Skills
-14.5 hours/month direct program contact (moderate) *	-44.4 hours/month direct program contact (very high)
-236 hours total direct prog. contact (moderate-high)	-243 hrs total direct program contact (moderate-high)
-social, recreational, educational programming for mothers	-structured educational curriculum
-very broad variety of help	-moderate variety of help and helpers
-very broad variety of helpers	-average duration 1-2 years
-parent assisted day care	
-average duration 1-2 years	

Table continues on next page

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* These ratings are in comparison to the other seven family support programs reviewed.

Table 4.3...

Parent Aide

-21 hrs/month direct focal prog.contact (moderate)
-174.9 hrs total direct focal prog.contact (moderate-low)
-259.5 hrs total all program contact (moderate)
-great variation in service levels & duration
-average duration 7 months
-in-home role modelling and teaching
-parenting the parent
-concrete support
-low variety of help and helpers

Homemaker

-13.25 hrs/mth direct focal prog.contact (low-moderate)
-174.9 hrs total direct focal prog.contact (moderate-low)
-359.4 hrs total all prog. contact (high-moderate)
-great variation in service levels & duration
-in-home role modelling and teaching
-concrete support
-low variety of help and helpers

Afterschool I

- 1:7 worker-youth ratio
-53 hrs/mth direct prog. contact (high)
-345.9 hrs total direct prog. contact (high)
-average duration 6 months
-structured social and recreational programming
-broad variety of help and helpers

Afterschool II

- 1:4 worker-youth ratio
-72.25 hrs/mth direct program contact (very high)
-409.5 hrs. total direct prog. contact (very high)
-average duration 6-9 mths
-structured social, recreational & educational programming
-broad variety of helpers
-very broad variety of help

Child and Family Management

-8-12 hrs/mth direct focal program contact (low)
-85.3 hrs total direct focal program contact (low)
-279 hrs total all direct program contact (moderate)
-average duration 8-12 mths
-8-10 cases per worker
-in-home child management counselling
-parenting groups
-little variety of help and helpers

Child Management

-7.36 hrs/mth direct focal prog.contact (very low)
-38.5 hrs total direct focal prog.contact (very low)
-83 hrs total all direct prog. contact
-13.5 cases per worker
-in-home individual child management counselling
-little variety of help and helpers.

As indicated in table 4.3, there is also tremendous variation in service parameters between ostensibly comparable programs (Parent Aide - Homemaker; Afterschool I - Afterschool II; Child and Family Management - Child Management). Such variations create large differences in direct program costs per case episode and should contribute to dissimilar program outcomes. There was little evidence that these differences resulted from deliberate programming decisions. More typically, they reflected a process of evolution and, in some cases, a loss of control over service parameters. It is beyond the current 'state-of-the-art' of family support programming to be able to offer informed guidance on desirable service parameters for these programs.

4.3.4 PARTICIPANT CHARACTERISTICS FOR THE PROGRAMS

Table 4.4 provides a summary of some major characteristics of the participants in these family support programs. More than 50% of the participants in most of these programs were single mothers. For most of these groups, there were other clear indications of social problems and a need for ongoing social support. It is reasonable to ask how the service parameters of the programs match these participant profiles. There was little evidence of a serious attempt to construct a realistic "impact model" (Patti, 1983) for these programs. Programs were accepted on the basis of a general rationale and the convictions of their proponents.

In several of these programs there was an emphasis upon helping high problem and/or high risk families. In some cases, it remains debatable whether these types of families are the most likely to benefit from involvement with the program. It is also important to highlight that programs of the same type are sometimes being used to assist very different populations (Parent Aide - Homemaker; Child and Family Management - Child Management). Unfortunately, there is little guidance available to decision makers about which type of participants can best benefit from involvement with these types of programs. Yet, for several of these program options (eg. homemakers, skill development, adolescent afterschool, child management, etc.) the level of continuing involvement with these programs in child welfare in Ontario is adequate to begin to answer some of these questions.

Table 4.4
PARTICIPANT CHARACTERISTICS FOR EIGHT FAMILY SUPPORT PROGRAMS

Self-Help
-low education, few job skills
-poor, unemployed (comparable) *
-socially isolated (comparable)
-70% - 100% single mothers
-lack of self-confidence
-risk of neglect, rejection, abuse (comparable)
-poor,low functioning parent (comparable)
-poor parent-child relationship/ parenting (comparable)
-parent delinquence (comparable)

Family Skills
-low education, few job skills
-poor, unemployed (high)
-socially isolated (high)
-55% single mothers
-50% mothers under 25
-lack of self-confidence
-poor, low functioning parent (high)
-poor parenting, homemaker skills
-poor unstable neighbourhood (high)
-marital conflict

Parent Aide
-families with infants and preschoolers
-75% moms under 25
-50% single mothers
-poor, unemployed (high)
-socially isolated (high)
-lack of self confidence
-poor, low functioning parent (high)
-poor parenting, home management (comparable)
-parent delinquence (high)
-marital discord (high)
-high risk of abuse & neglect
-not crisis situations
-low child problems

Homemaker
-families with preschoolers and preadolescents
-25% adolescents at risk
-57% moms under 25
-44% single parents
-poor unemployed (high)
-poor, low functioning parent (high)
-parent delinquence (high)
-high risk of neglect, physical & sexual abuse, rejection
-families in crisis
-low child problems
-low parent motivation

Afterschool I
-44% single parents
-youths 11-16 yrs old
-84% male
-antisocial/delinquent behaviour problems child (comparable)
-behavioural/emotional problems child (comparable)
-inadequate parent-child relationship (low-comparable)
-school difficulties

Afterschool II
-52% single parents
-some adoptive families at risk
-request for child placement
-youth 13-15 yrs old
-voluntary participants
-antisocial/delinquent behaviour child (comparable)
-behaviour/emotional problems child (comparable)
-inadequate parent-child relationships (high)
-school difficulties
-high risk of neglect, physical & sexual abuse, rejection

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* These ratings are in relation to several comparison groups for each of the programs reviewed.

Table 4.4...

Child and Family Management	Child Management
-38% single mothers	-67% single mothers
-preschool & preadolescent children	-preschool, preadolescent adolescent children
-poor, low functioning parent (high)	-inadequate parent-child relationship (high)
-parent delinquence (high)	-behaviour/emotional problems child (high)
-socially isolated (high)	-high risk of physical abuse
-poor	
-inadequate parent-child relation /poor parenting (high)	
-poor home management	
-poor male-female relationships	
-child problems (comparable)	
-high risk of neglect, rejection, sexual abuse.	

4.3.5 DIRECT PROGRAM COSTS FOR THE PROGRAMS

There is a great range in unit costs for these eight family support programs from a maximum of $7,772 per case episode to a low of $748 per case episode. Clearly, the program options chosen will lead to very different financial considerations. However, drawing inferences from these unit costs is complicated by the observations that these programs are working with different populations of participants and produce different benefits. Also, the choices are made more difficult by the association of higher cost with clearer positive impacts for programs of the same type (see table 4.6).

Table 4.5
PROGRAM COSTS FOR EIGHT FAMILY SUPPORT PROGRAMS

Self-Help	**Family Skills**
-$61,085 annual budget -$1,800 /case episode (low) *	-$71,800 annual budget -$2,583 to $5,434 /case episode (high-very high)
Parent Aide	**Homemaker**
-$70,291 annual budget -$1,030 /case episode (low)	-$54,120 annual budget $ 748 /case episode (low-very low)
Afterschool I	**Afterschool II**
-$117,304 annual budget -$2,932 /case episode (high)	-$165,805 annual budget -$5,181-$7,772 /case episode (very high)
Child & Family Mgt	**Child Management**
-$120,416 annual budget -$1,600-$3,100 /case episode (moderate)	-$100,000 annual budget -$844-$1,029 /case episode (low)

* These ratings are in comparison to the other seven family support programs reviewed.

Just where the preferred balance should be between high service levels and low unit costs and what is an effective and efficient package of family support programs for a child welfare agency are questions that cannot presently be answered. Improvements in program documentation and creating a basis for comparing program alternatives would be useful challenges to undertake in sorting out these issues.

Large differences in unit costs between the same type of program reflect the differences in the service parameters for these programs. These substantial cost differentials dramatize the consequences of the loss of control over these parameters apparent in several programs. It is also clear that intensive change programs (eg. family skills, afterschool programs) are expensive ways of providing support and whatever the positive benefits these supports will be difficult to justify if extended over long periods of time. These types of programs should pay explicit

attention to supports after graduation from the program.

4.3.6 OUTCOMES FOR THE PROGRAMS

Assessments of the positive benefits of participation in these programs were made in relation to outcomes for a large sample of regular child protection cases. For each program, it was possible to construct a variety of comparison groups from this larger sample. Table 4.6 indicates that there are three basic patterns of outcomes for these eight family support programs. It is noteworthy that these outcome patterns correspond to those anticipated by the review of social support in chapter two and to those identified from the review of the literature on family support programming in child welfare discussed in the beginning of this chapter:

1- Programs with high 'support' dimensions (i.e. high level of direct contact, broad variety of helpers, broad variety of help) were the only programs with an identifiable superior impact on child placement and case closure indicators (Self-Help Program, Afterschool Programs I and II). These programs did not necessarily produce clear superior benefits on measurements of individual and family problems.

2- Some programs with moderate to high levels of direct contact with families coupled with relatively focused interventions by paid helpers had higher positive changes on several measurements on individual and family problems (Family Skills Program, Parent Aide Program). There were no indications of superior performance on child placement or case closure indicators for these programs. The contrasting performance patterns of these first two groups of programs suggest the usefulness of distinguishing between support strategies and change strategies and between coping with ongoing difficulties and improvement in individual and family problems. Considering the problem profiles common to these families, both areas require explicit consideration and combination in developing family support packages in child welfare.

3- Programs with low levels of direct contact with families and little variety in types of help

Table 4.6
PROGRAM PARAMETERS AND CASE IMPACTS
FOR THE EIGHT FAMILY SUPPORT PROGRAMS

Program	Level of Direct Contact	Variety of Helpers	Variety of Help	Higher Positive Impacts *
Self-Help	moderate -high	very broad	very broad	-less child placement -less time in care -more case closures -personal problems parent
Afterschool II	very high	broad	very broad	-less child placement -more cases closed -good return home rate -child problems
Afterschool I	high	broad	broad	-less child placement -good return home rate
Family Skills	high-very high	moderate	moderate	-less time in care -parent/child relationship -parenting
Parent Aide	moderate	low	low-moderate	-parent/child relationship -parenting -household management
Homemaker	low-moderate	low	low-moderate	-none
Child & Family Management	low	low	low	-none
Child management	low	low	low	-none

* These ratings are in relation to several comparison groups for each of the programs reviewed.

and helpers have no discernible higher positive change rates on child placement, case closure or individual and family problem indicators. Such results were predictable utilizing the discussions of social support and family support programming earlier in this volume.

The rationales for seven of the eight family support programs reviewed were explicitly focused on change in individual and family problems. Even the Self-Help Program, which has clearly evolved into a support program, was justified initially in terms of potential benefits in improved parent-child relationships, fewer personal problems for the mothers as well as the early detection of child development problems. Despite their obvious relevance, explicit social support strategies and the use of informal ways of helping remain only marginally acceptable in child welfare.

The Self-Help Program was in many ways the most encouraging of these eight family support programs. Nonetheless, it is striking that an approach that promises to be inexpensive and effective receives such limited attention. In this study, the Self-Help Program was the only program to which families were not extensively referred by child protection workers; perhaps because the group cannot be under their management and does not serve their immediate requirements. Informal and independent programming is likely to be less controllable and therefore less useful to social workers in dealing with their immediate priorities. For these reasons, there is likely to be less interest in such options and some resistance to their implementation. Nonetheless, while there is a lack of rigorous research evidence, self-help groups have been reportedly useful with a variety of situations and populations suggestive of their relevance for child welfare: widows, single mothers, low-income teenage mothers, abusing parents, delinquent adolescents, addicts, etc. (Gottlieb, 1983; Richardson and Pfeiffenberger, 1983; Asp and Garborino, 1983; Hawkins and Fraser, 1983; Smith, Ferrant and Marchant, 1972; Collins, 1978; Weiss, 1973; McHenry, 1980; Lusky and Ingman, 1979; Lieber and Baler, 1977).

Skill development programs following a structured curriculum have produced positive benefits on some individual and family problems. However, such approaches have been markedly unsuccessful in

producing lasting changes in isolated or multi-problem families. On the positive side, there have been several innovative experiments in joining skill teaching with strategies linking participants to supportive social networks through buddy systems, developing community networks and organizing ongoing social and recreationaal involvements for trainees. Such combined strategies have reported positive outcomes not only on the use of the new skills but on the participants' ability to function in the community without further institutionalization (Wahler, 1978, 1980a, 1980b; Leber, 1981; Edmunson et al., 1982).

There is some evidence that homemaker services, if provided at a high level (eg. 24 hours a day) in periods of family crisis, can reduce the frequency of emergency placements (Brown, 1981). Inhome therapists entering the homes of families in crisis for large amounts of time for up to six weeks have produced substantial reductions in placements in group homes, foster homes or institutional care (Kinney et al., 1977). Despite these positive results, it is questionable whether such methods represent a complete approach to family support in light of the multiple individual, family and social problems presented by many child welfare families.

Based upon these results, it would be premature to conclude that child management techniques are ineffectual for the child welfare population. Such an assessment will have to wait until such methods of helping are provided at higher levels and in formats more consistent with the guidelines for powerful family support programming outlined in this chapter. However, these reviews do suggest that simply substituting one professional group for another is an inadequate conception of family support. Family support programs have to be different enough in their basic dimensions from regular casework in order to justify expectations of different or superior outcomes.

The adolescent Afterschool Programs show clear promise of preventing adolescent placements with a reputably very difficult group of clients. Variations on the use of peer network strategies and social-recreational-educational approaches have been relatively effective in facilitating successful community integration of adolescents-at-risk in a variety of circumstances (Whittaker,

1983; Asp and Garbarino, 1983; Hawkins and Fraser, 1983; Smith, Farrant and Marchant, 1972; Malcolm and Young, 1978; Sheda and Winger, 1978; Boehm and Larsen, 1978). While these Afterschool Programs were relatively expensive, an independent evaluation of the more costly program estimated that it was recovering about 85% of its budget in avoided placement expenditures (Andrews and Robinson, 1983). Afterschool Programs for adolescents would appear to be useful components of a family support program package for most child welfare agencies. An unanswered question for this program alternative is the level of successful community integration of adolescents after their six months of participation in the Afterschool Program.

4.4 FAMILY SUPPORT PROGRAM DEVELOPMENT, ADMINISTRATION AND DOCUMENTATION

The literature on program management portrays a very orderly world of planning, control and evaluation. As an illustration of these prescriptions, consider the following overview of a recommended program management model (Patti, 1983, p. 60).

TABLE 3-2 Components of the Program Management Model

Stages of Program Development	Developmental Goals	Management Tasks
Design	Establishing credibility in the parent organization Demonstrationg program potential	Program planning Resource acquisition
Implementation	Increasing certainty in relations with the task environment Establishing a service domain Building internal capacity for competent program performance	Resource acquisition Structuring the organizational unit Staff development and maintenance
Stabilization	Creating a positive organizational climate Creating a capacity for program evaluation Developing a capacity for change	Staff development and maintenance Assessment Change

While elements of such a model constitute worthwhile ambitions in the improvement of program management capabilities, the model bears little resemblance to the realities of program management in these child welfare agencies. It is as valid to question the realism of the rational models of programming as it is to criticize the methods of program management that have evolved in these settings.

A more accurate analogy for program management in child welfare might be that of small businesses started by local entrepreneurs. Programs are developed through the independent initiatives and vision of these entrepreneurs (often front-line service professionals). Little guidance is available and difficult decisions must be based upon their own best judgment. These individuals invest tremendous energy and commitment into their projects. Program survival, which is often tenuous, depends upon their ability to convince the controllers of needed resources of the value of their programs. These people have limited access to technical expertise and few opportunities to profit from the experiences of other innovators. Like all small business initiatives, some are 'successful' and some 'fail'. However, unlike small businesses, ineffective programs can and do survive and there is currently no practical way for decision makers to distinguish between the more successful and less promising programs. The following characteristics of the eight family support programs reviewed for this study are presented as typical of the state of program management in child welfare:

(Program Development)

- A dominant theme in the development of these programs was the need for continual efforts "to explain and to sell" the new approach to child protection workers. There was typically an initial period of suspicion and 'non-use' of the program. Control over services to families was an issue in the development of most of these programs. The common solution to this problem was the elaboration of contracting and reporting procedures that left the child protection worker with official responsibility for overall case management.

- Program informants stressed the need "to explain and to sell" the family support program to management and to insure their continued support.

- Several programs responded to the period of 'non-use' by accepting all referrals. Others were pressured into serving mainly high problem families or families in a state of crisis. Other programs boldly stated that what they were offering was useful to all or nearly all child welfare families.

- Program development proved to be a slow and time consuming job. Informants emphasized that it was not an "add-on" responsibility but a major undertaking.

- Program initiators and program personnel frequently expressed a strong belief in the value of their particular way of helping. While such enthusiasm is undoubtedly essential to accepting the challenges of program development, it also creates a propensity to ignore program weaknesses and other possible family support program options. In these reviews, convincing program rationales and enthusiastic proponents proved to be poor predictors of program effectiveness.

- None of these programs began with a formal investigation of client needs. They were based upon impressions and the convincing arguments of champions of the program.

- There were few precisely defined objectives for these programs. Objectives were general and determined by the general context of child welfare. Statements of purpose and program plans had little apparent role in program development and evolution. Goals were not specified in measurable terms and their attainment was not measured.

- Little time and effort was expended on developing explicit "impact models" (Patti, 1983) for these programs that would correlate family requirements, program services and anticipated outcomes.

- There were no successful attempts to build in a program documentation capability in the development of these programs.

(Program Administration)

- The family support program workers in these programs expressed a strong commitment to their program and high levels of job satisfaction. Program workers commented favourably on the variety, challenge and positive feedback inherent in their work.

- Program informants argued that the "non-threatening" orientation of their programs improved the public image of their agencies.

- Most of the programs did not have clear guidelines for the kinds of referrals that should be accepted into the program.

- Service parameters in many of these programs seem to have evolved rather than to have resulted from deliberate decisions. In some cases, there was an apparent loss of control over major service parameters.

- Staff selection and staff development received considerable attention in these programs. In general, staff were selected on the basis of personal attributes and life experience rather than formal training.

- Three of the eight programs were running budget deficits at the time of these reviews. In addition, program budgets were relatively small, precarious and required constant negotiation.

- Many program workers described themselves as "marginal" in their agencies. They thought that their positive contributions were not sufficiently recognized in terms of salaries or career opportunities.

- Program "managers" were from direct service backgrounds with little training in program

development, administration or documentation.

(Program Documentation)

- The most basic information about these programs was not available to program decision makers. Without extraordinary efforts, program informants could not document how many families were being served, average case duration, the problem profiles of participants, the levels and kinds of services being provided, direct program costs or indications of program outcomes.

- Program personnel did not have the knowledge required to develop an appropriate documentation system nor did they have access to expertise elsewhere.

- There was little evident understanding of the importance of a program documentation capability nor any real commitment to its development.

- Very few resources were allocated to program documentation.

Despite the portrait of program management in these agencies, there is ample evidence of effective programs in child welfare. Unfortunately, there is also a good deal of inefficient and/or ineffective efforts. Presently, there is no way to differentiate these programs. What these reviews present is essentially a developmental challenge to build both the commitment to improved program management and the competence to implement it.

It is important to avoid blaming program personnel for this state of affairs. They are busy people preoccupied with the direct work with families. It is also essential to recognize the centrality of program managers' and staff's understanding and cooperation in improving program management. Without their commitment little progress can be made.

Development requires developers. A strong case can be made for the need to invest personnel and resources into the expansion of the range of family

support alternatives available in child welfare and the improvement of program management capabilities. Without such investments, it would not be reasonable to anticipate substantial modifications to the state of program management described in this section. There are a number of challenges where developers, either at the agency or regional levels, could be useful:

- developing liaisons with community resources
- expanding access to informal ways of helping
- developing self-help and community groups
- fundraising
- needs assessment
- developing new programs
- improving program management
- developing program documentation systems
- program evaluation
- facilitating exchanges across family support programs
- public relations
- education and staff development
- problem solving and crisis supports.

In order to improve program management, it is absolutely critical that agency management insist upon the use of an impact assessment both in program development and program reviews. It is necessary to explicitly consider the relationships between participants, services, costs and outcomes. The following items are recommended for consideration in such an impact assessment:

1- the types of support provided
2- the types of helpers used
3- the length of time support is provided; post-graduation supports
4- the level of direct contact with families
5- the contributions of the approach to the support dimensions of exchange equality/ reciprocity, emotional intensity, availability in crisis, openness to all in need, technical expertise
6- the appropriateness and the completeness of the program intervention in light of participants' individual, family and social problems; identification of appropriate program participants
7- the direct program costs per case episode
8- the impact of program participation on indicators of family breakdown, the incidence of child maltreatment and case closures

9- the impact of program participation on individual and family problems
10- the impact of program participation on social problems.

Finally, without improved program documentation, it will be difficult to move beyond the 'entrepreneurial' approach to program management described here. To bring improvements, there must be an investment of resources into documentation. The focus should be upon the development of program capabilities in this area and upon ongoing documentation systems rather than one-time evaluations. Reliable and valid information can only be provided by program personnel and their understanding and cooperation is an essential component of improving program documentation.

These program reviews suggest that both the process of developing a program documentation capability and the information gathered can be fairly standard across family support programs. Above all, the methods must be simple and concentrate on the minimum of required information. Procedures must be straightforward, inexpensive and acceptable at the local program level. The effort and the information must be perceived as worthwhile by program staff or the procedures will not be successfully implemented or maintained. Finally, the procedures should permit comparisons to be made across various types of family support programs.

One final note, as important for better understanding as formal documentation is, it is equally important to create structures and forums for the infusion of diverse personal knowledge into decision making, and for discussion and debate among experienced personnel close to the action (Cameron, 1983; Peters and Waterman, 1982; Ouchi, 1981). Such exchanges have been linked to access to good information in social service management and to improved decision making. Opportunities for ongoing debate, decision making and adjustments regarding family support in child welfare are presently extremely limited.

CHAPTER 5

RECOMMENDATIONS

This final chapter includes the major recommendations from the original research report (Cameron and Rothery, 1985)

The role of the children's aid societies and workers in providing family support to protection families should be a continuing focus for development in the future.

a) There is a strong interest in the societies in the family support philosophy, and a receptivity to ideas about implementing it that can be capitalized on.

b) The societies have been using their accumulated experience in the area to evolve a pattern of services and service delivery which is unique and which would be difficult to replicate if their functions were reduced.

c) The incorporation of family support principles into child welfare services is uneven and underdeveloped in many respects. Many areas remain where such efforts can be extended and improved.

Child protection workers have evolved a unique role and pattern for working with families that can be built upon in the development of a family support orientation in child welfare. The further development of expertise in family support by child protection workers requires attention to a number of more specific tasks.

a) For many workers, greater specificity with respect to assessment of family needs and the setting of case goals would be both possible and desirable, judging from the responses to these sections of the case review interview.

b) Assessment of needs and setting of case goals should clearly pay systematic attention to both elements in the 'ecological equation' -- the client family and its social and economic

circumstances.

c) Case planning could benefit from more clarity in the setting and implementation of goals with respect to the differences between long-term support goals and individual or family change goals.

d) More consistent systematic attention could be paid to the role of the client family's informal social networks and ways of linking to available community resources to ameliorate problems.

e) The proper development and evaluation of the approach requires the consistent involvement of all administrative levels within the agency, especially more deliberate use of the supervisory process to direct and support required changes.

f) Since so much of what we associate with family support is just being developed, an experimental spirit, including a commitment to evaluation, should accompany any training effort, changes in procedures, modifications in case management techniques and so on.

g) As with all these recommendations, the six preceeding points represent development challenges. It makes little sense to criticize current performance and to press for changes that require more time, resources or technical expertise than are available. Resources and people must be provided to build the desired capabilities and to help child welfare personnel confront the tasks identified.

While a good deal of time and energy is being invested in providing formal programs for protection families, this is clearly a process that involves a good deal of experimentation. A number of suggestions may contribute to a more efficient development of program support.

a) Forums are required to promote an exchange of information between agency and program personnel, researchers and the Ministry. While the exchange of simple descriptive information would be an improvement over the current state of affairs, improvement of the quality of information exchanged should be another goal.

b) It is important to begin to differentiate the range of appropriate family support programming for different client groupings, such as:

- single parents
- young mothers
- adolescents
- multi-problem poor families
- native populations
- other ethnic subpopulations

Clearly any one family support family will not be equally appropriate for all client groupings, and the ability to match services to client needs will be enhanced if the groups identified are thought about separately.

c) Apparently, there are a number of major family support program options common to child welfare such as homemaker, after school, child management, skill teaching, intensive counselling, group treatment and parent-child programs. Further study is required to:

- identify the actual range of these program options
- provide good descriptive information on the development, administration, participants and services for each program type
- determine the proper use of each program option in terms of suitable participants, programming parameters and probable outcomes.

This task should obviously be considered long-term and assumes the development of the capacity to document information about family support programs. It seems reasonable to expect that an adequate understanding of each program option will be a separate research challenge.

d) It is important to distinguish family support interventions and programming designed to change individual or family functioning from interventions and programming designed to provide social support to families. The latter type of social support intervention represents an underdeveloped area in child welfare. It would be worthwhile to invest resources in learning more about informal and long-term support strategies, and in how these can be used to benefit child welfare clients. In

particular, this research indicates the value of investigating program alternatives that emphasize various combinations of the following strategies: self-help, cooperative service development and delivery, participant responsibility in program development and implementation, peer groups, the development of personal and community networks, social-recreational-educational activities, linking participants into existing community networks, roles and activities, the development of environmental action groups.

e) As major program options are developed related to different problem types or sets of support needs, documentation of the program's experience is essential. It is not too soon to begin work on instruments and procedures which could be used to collect standardized information about who programs are serving, the amount of service provided, the costs and the outcomes obtained. Much of this information is currently not available in any form, and would be extremely useful at the agency level and at the provincial level if program development is to proceed with maximum effectiveness.

f) Some of our analysis indicates the usefulness of 'separate strategies' such as care, day care or after-four programs. Still, the relatively low frequency with which programs engage the family as a whole, or work with parents and children together may be a matter of concern, as is the apparent lack of programming for fathers. There is a need to develop and evaluate program alternatives that involve the whole family or parents and children together as well as to attempt to link fathers into these supports.

g) It seems clear that development requires developers -- the task of creating effective family support programs cannot be treated as a peripheral agency function, dependent on donations of spare time from workers and on tenuous financial resources. Clear allocation of responsibility to people with development expertise and resources sufficient to their defined goals are prerequisites for effective program development.

With respect to research, it follows from much of

the above that an emphasis needs to be placed on developmental needs -- on creating procedures and instrumentation for accumulating and disseminating information which, in turn, contributes to planning. At this point in time, this general approach to evaluation is more appropriate than efforts to make a final determination as to whether a given program is or is not working.

a) Future research in this area will be more productive if it maintains a finer focus than the current study; with the findings now in hand, it is feasible to pose much clearer research questions which include a more refined definition of the types of programs, client problems, circumstances and outcomes being examined.

b) With more focused studies, future research should also look at smaller samples in greater depth, preferably including direct objective measures of client circumstances that do not rely entirely on workers' judgements.

c) Specifically, more information on the role of informal social supports in maintaining and ameliorating problems is required. Another significant gap left by the current study has to do with the contribution of different specific casework or case management techniques. Finally, research is required which focuses specifically on cross-cultural issues.

APPENDIX A

ASP, E. and GARBARINO, J. "Social support networks and the schools", in Whittaker & Garbarino (eds.), Social support networks, New york: Aldine Publishing Co., 1983.

BOEHM, R.G. and LARSEN, R.D. An evaluation of peer group counseling in Berrier County, Michigan, Berrier County, MI.: Berrier County Probate and Juvenile Court Services, 1978.

BROWN, H.F. "Effective use of caretakers as an alternative to placement", in Bryce & Lloyd (eds.), Treating families in the home, Springfield, Ill.: Charles C. Thomas Publisher, 1981.

CALLARD and MORIN. "Parents and children together", in Maybanks & Bryce (eds.), Home-based services for children and families, Springfield, Ill.: Charles C. Thomas Publisher, 1979.

COHN, A. "Effective treatment of child abuse and neglect", Social work, 24(6): 1979(a).

COHN, A. "Essential elements of successful child abuse and neglect treatment", Child abuse and neglect, 3(4): 1979(b).

COLLINS, A. and PANCOAST. D. Natural helping networks, Washington, D.C.: NASW, 1976.

COLLINS, M.C. Child abuser: A study of child abusers in self-help group therapy, Littleton, Mass.: P.S.G. Publishing Co., 1978.

DUNN. M. "Lower eastside family union", in Maybanks & Bryce (eds.), Home-based services for children and families, Springfield, Ill.: Charles C. Thomas Publisher, 1979.

EDMUNSON, E.D. et al. "Integrating skill building and peer support in mental health treatment", in Jeger & Slotnick (eds.), Community mental health and behavioral ecology, New York: Plenum Press, 1982.

FAIRWEATHER, G.E. et al. Community life for the mentally ill: An alternative to institutional care, Chicago: Aldine, 1969.

FITCH, M. Prospective study in child abuse: The child study program, Denver, Colorado: Developmental education center, 1977.

FROLAND, C., et al. Helping networks and human services,

Beverly Hills: Sage Publications, 1981.

GOTTLIEB, B.H. Social support strategies: Guidelines for mental health practice, Beverly Hills: Sage Publications, 1983.

GRAY, J., CUTLER, C., DEAN, J. and KEMPE, C.H. "Prediction and prevention of child abuse and neglect", Journal of social issues, 35(2): 1979.

HAAPALA, D. and KINNEY, J. "Homebuilders approach to training in-home therapists", in Maybanks & Bryce (eds.), Home-based services for children and families, Springfield, Ill.: Charles C. Thomas Publishher, 1979.

HAWKINS, R. "Comprehensive emergency services to children", in Maybanks & Bryce (eds.), Home-based services for children and families, Springfield, Ill.: Charles C. Thomas Publisher, 1979.

HAWKINS, J.D. and FRASER, M.W. "Social support networks in delinquency prevention and treatment", in Whittaker & Garbarino (eds.), Social support networks, New York: Aldine Publishing Co., 1983.

HELFER, R. "A review of the literature of child abuse and neglect", Child abuse and neglect, 6(3): 1982.

HORNICK, J., et al. Alternate care, community child care, family caring and sharing, and group work programs study (interim report), Toronto: Metro Toronto CAS, 1982.

HORNICK, J., et al. Alternate care and community child care programs: Objectives, service and cost, Toronto: Children's Aid Society of Metropolitan Toronto, April 1983.

JONES, M., NEWMAN, R. and SHYNE, A. A second change for families: Evaluation of a program to reduce Foster care, New York: Child welfare league of America, 1976.

JONES, M., MAGURA, S. and SHYNE, A. "Effective practtice with families in protective and preventive services: What works?", Child welfare, 60(1): 1981.

KADUSHIN, A. Child welfare services, Toronto: MacMillan, 1979.

KINNEY, J. McCLEAVE, et al. "Homebuilders: Keeping families together", Journal of consulting and clinical psychology, 45(4): 1977, 667-673.

KNIGHT, R., et al. "Self-help groups: The members' perspectives", American journal of community psychology, 8(1): 1980.

LELER, H. "Program approaches designed to enhance parental strengths and self-concepts" in Bryce & Lloyd (eds.), Treating families in the home, Springfield, Ill.: Charles C. Thomas Publisher, 1981.

LEVINE, T. and McDAID, E. "Family-based in-home services" in Maybanks & Bryce (eds.), Home-based services for children and families, Springfield, Ill.: Charles C. Thomas Publisher, 1979.

LIEBER, L.L. and BAKER, J.M. "Parents anonymous - Self-help treatment for child abusing parents: A review and an evaluation", Child abuse and neglect, vol. 1: 1977, 133-148.

MAGURA, S. "Are services to prevent Foster care effective?", Children and youth services review, 3(2): 1981.

MALCOLM, P. and YOUNG, I. Evaluation: Positive peer culture instructional research report #1977-3, Omaha, NE: Omaha Public Schools, 1978.

PATTERSON, C. "Support staff to help abusing families", OACAS Journal, 10: 1979.

RICHARDSON, R. and PFEIFFENBERGER, C. "Social support networks for divorced and step families" in Whittaker & Garbarino (eds.), Social support networks, New York: Aldine Publishing Co., 1983.

SHEARER, D. "The Portage project: Home-based teaching of developmentally handicapped children" in Maybanks & Bryce (eds.), Home-based services for children and families, Springfield, Ill.: Charles C. Thomas Publisher, 1979.

SHEDA, M. and WINGER, J. Peer dynamics 1977-78 evaluation report, Lincoln, NE: Nebraska Department of Health, 1978.

SINANOGLU, P. "Working with parents", in A. Maluccio & P. Sinanoglu (eds.), The challenge of partnership, New York: Child welfare league of America, 1981.

SMITH, C., FARRANT, M. and MARCHANT, M. The Wincroft youth project: A social work programme in a slum area, London: Tavistock, 1972.

STEPHENS, D. "In-home family support services" in Maybanks & Bryce (eds.), Home-based services for children and families, Springfield, Ill.: Charles C. Thomas

Publisher, 1979.

TUSZYNSKI, A. and DOWD, J. "Home-based services to protective services Families" in Maybanks & Bryce (eds.), Home-based services for children and families, Springfield, Ill.: Charles C. Thomas Publisher, 1979.

WAHLER, R.G., AFTON, A.D. and FOX, J.J. "The multiply entrapped parent: Some new problems in parent training", Education and treatment of children, 2(4): 1979, 279-286.

WAHLER, R.G. "The insular mother: Her problems in parent-child treatment", Journal of applied behavior analysis, 13(2): 1980a, 207-219.

WAHLER, R.G. "The multiply entrapped parent: Obstacles to change in parent-child problems" in Vincent (ed.), Advances in family intervention, assessment and theory, Greenwich, Ct: Jai Press Inc., 1980b.

WEISS, R.S. "The contributions of an organization of single parents to the well-being of its members", The family coordinator, July, 1973.

WHITTAKER, J.K. "Social support networks in child welfare", in Whittaker & Garbarino (eds.), Social support networks: Informal helping in the human services, New York: Aldine Publishing Co., 1983.

WILSON, M. "Home and school: Partners in learning", in Maybanks & Bryce (eds.), Home-based services for children and families, Springfield, Ill.: Charles C. Thomas Publisher, 1979.

BIBLIOGRAPHY *

ALEXANDER, J. and PARSONS, B. "Short-term intervention with delinquent families: Impact on family process and recidivism", Journal of Abnormal Psychology, 81(3):1973, 219-224.

ANDERSON, S. and LAUDERDALE, M. "Characteristics of abusive parents: A look at self-esteem", Child Abuse and Neglect, 6(3): November, 1982, 285-294.

ANDREWS, D.A. and ROBINSON, D. Sharing the parenting: An outcome evaluation, a report to the Children's Aid Society of Ottawa-Carleton, April, 1983.

BAKER, N. "Social work through an interpreter", Social Work, 26(5): 1981.

BAROZZI, et al. "A family agency integrates advocacy, counselling and FLE", Social Casework, 63(4): 1982.

BARRERA, M. Jr., et al. "Preliminary development of a scale of social support", American Journal of Community Psychology, 9(4): 1981.

BARTH, R. "Social support networks in services for adolescents and their families", in Whittaker and Garbarino (eds.), Social Support Networks, New York: Aldine Publishing Company, 1983.

BERKELEY PLANNING ASSOCIATES. Evaluation: National demonstration program in child abuse and neglect, Berkeley, CA: Berkeley Planning Associates, 1977.

BERNARD. "Fatherless families: Their economic and social adjustment", papers in Social Welfare #7, Woltham: F.G. Heller Graduate School of Social Welfare, Brandeis University, 1964.

BERTSCHE, J., CLARK, F., IVERSEN, M. Using informal resources in child protective services: A self-instructional guide, Ann Arbor, Mich.: National Child Welfare Training Center, 1982.

BIEGEL, D. and NAPARSTEK, A.J. "The neighborhood and family services project: An empowerment model linking clergy, agency professionals and community residents", in Jeger & Slotnick (eds.), Community Mental Health and Behavioral Ecology, New York: Plenum Press, 1982.

---

* Items in Appendix A have not been included in this bibliography.

BIEGEL, D., SHORE, B.K. and GORDEN, E. Building support networks for the elderly, Beverly Hills: Sage Publications, 1984.

BLACK and MAYER. "Parents with special problems: Alcoholism and opiate addiction", Child Abuse and Neglect, 4(1): 1980.

BLANCHARD and BIRSCH. "What is best for tribal children? A response to Fischler", Social Work, 25(4): 1980.

BOEM, B. "An assessment of family adequacy in protective cases", Child Welfare, 41(1): 1962, 10-16.

BORKMAN, T. "Experiential knowledge: A new concept for the analysis of self-help groups", Social Service Review, September, 1976.

BOWERS, S. "The nature and definition of social casework", Social casework, 39(10/12): 1949.

BRECKENRIDGE, C.C. and ANDERSON, C.T. "The special care program: Exploring a future of prevention", in Bryce and Lloyd (eds.), Treating Families in the Home, Springfield, Ill.: Charles C. Thomas Publisher, 1981.

BRIAR, S. "Clinical judgment in Foster care placement", Child Welfare, 42(3): 1963, 161-169

BRONFENBRENNER. "Developmental research, public policy and the ecology of childhood", Child Development, 45(1): 1974.

BROSS, A. Family Therapy, Toronto: Methuen, 1982.

BRYCE, M. and LLOYD, J.C. Treating families in the home: An alternative to placement, Springfield, Ill.: Charles C. Thomas Publisher, 1981.

BUDSON, R.D., GROB, M.C. and SINGER, J.E. "A follow-up study of Berkeley House: A psychiatric halfway house".

BURT, M.R. and BALYEAT, R.R. A comprehensive emergency services system for neglected and abused children, New York: Vintage Press, 1977.

CAMERON, J.G. Defining and measuring organizational effectiveness for the personal social services, Unpublished doctoral thesis, Columbia University, New York, 1983.

CAMERON, G. and ROTHERY, M. The use of family support in Children's Aid Societies: An exploratory study, Toronto, Ont.: Ministry of Community and Social

Service, May, 1985.

CANADIAN SOCIOTELIC LIMITED (G. Cameron, R. Holmberg and M. Rothery). The Nature and Effectiveness of Family Support Measures in Child Welfare, Toronto, Ont.: Ministry of Community and Social Services, August, 1983.

CAPLAN, G. Support systems and community mental health, New York: Behavioral Publications, 1974.

CAPLAN, G. and KILLILECE, M. Support systems and mutual help- multi-disciplinary expectations, New York: Greene & Stratton Inc., 1976.

CAPLAN, R. "Patient, provider and organization", in Cohen (ed.), New directions in patient compliance, Lexington: D.C. Health, 1979.

CAPLAN, R. "Social support, person-environment fit and coping", in Fermon et al. (eds.), Mental Health and the Economy, Kalamazoo: Upjohn Institute, 1979.

CANZONA, L. and McEACHERN, C. "We asked... and they told us", OACAS Journal, 26(8): 1982.

CARROLL, C. "The social worker's evaluation", in B. Schmitt (ed.), The child protection team handbook, New York: Garland STPM Press, 1978.

CARTOOF, V. "Postpartum services for adolescent mothers", Child Welfare, 57(12): 1978.

CHIRIBOGA, D. "Divorce, stress and social supports: A study in help-seeking behaviors", Journal of Divorce, 3(1): 1979.

CLAYTON-FLETCHMANN, K.A. and SEIBOLD, J.I. "Community and home-based treatment planning for adolescents and their families", in Bryce and Lloyd (eds.), Treating families in the home, Springfield, Ill.: Charles C. Thomas Publisher, 1981.

COBB, S. "Social support as a moderator of life stress", Psychosomatic Medicine, 38(5): 1976.

COCHRANE, M. and BRASSARD, J.A. "Child development and personal social networks", Child Development, 50, 1979, 601-616.

COHEN, F. and DENSEN, G. "A study of the relationship between child abuse and drug addiction in 178 patients: Preliminary results", Child abuse and neglect, 6(4): 1982.

COLLETTA, N. "Support systems after service: Incidence and impact", Journal of Marriage and the Family, 41(6): 1979.

COLLINS, A. "Helping neighbors intervene in cases of maltreatment", in Garbarino & Stocking (eds.), Protecting children from abuse and neglect, San Francisco: Jossey-Bass Publishers, 1980.

CONKLIN, C. "Rural community care givers", Social work, 25(6): 1980.

COOMBES, P., CHIPLEY, M. and ARCHER, B. "The Incadex approach to identifying problems and evaluating impact in child protective services", Child welfare, 57(1): 1978, p. 41.

COOMBES, P., McCORMACK, M., CHIPLEY, M. and ARCHER, B. "Are we protecting children? An approach to measuring impact in protective services", Child abuse and neglect, 4(2): 1980, 105-113.

COWAN, E.L. "Help is where you find it: Four informal helping groups", American Psychologist, April, 1982.

CROSS, C. Ethnic minorities in the inner city, London: Commission for Racial Equality, 1978.

D'AGELLI, A. and EHRLICH, R. "Evaluation of a community based system for training natural helpers", American Journal of Community Psychology, 10(4): 1982.

D'AGELLI, A. "Social support networks in mental health", in Whittaker and Garbarino (eds.), Social support networks, New York: Aldine Publishing Company, 1983.

DAVENPORT, J. and DAVENPORT III, J. "Utilizing the social network in rural communities", Social casework, 63(2): 1982.

DAVID, P. and KELLY, T. "An innovative approach to parenting in a rural community", OACAS Journal, 26(8): 1982.

DE-NOUR, A. and CZACZBES, J. "The influence of patients' personality on adjustment to chronic dialysis", Journal of nervous and mental disease, 162(5): 1976.

DIMATTEO, M.R. and HAYS, R. "Social support and services illness", in B. Gottlieb (ed.), Social networks and social support, Beverly Hills: Sage Publications, 1981.

DOHERTY SOCIAL PLANNING CONSULTANTS, Research on Treatment Effectiveness, Toronto: Unpublished, 1982.

DOHRENWEND, B. and DOHRENWEND, B. "Social and cultural influences on psychopathology", Annual Review of Psychology, 25(4): 1974.

DOHRENWEND, B. and DOHRENWEND, B. Social status and psychological disorder, New York: Wiley Interscience: 1976.

DOWNS, S. and TAYLOR, C. (eds.), Permanent planning in Foster care: Resources for training, Portland, Ore.: Regional Institute for Human Services, 1978.

DRIEDGER, W. "Social networks in family practice", in D. Freeman & B. Trute (eds.), Treating families with special needs, Ottawa: Alberta Association of Social Workers and Canadian Association of Social Workers, 1981.

EARP, J. and ORY, M. "The influence of early parenting on child maltreatment", Child abuse and neglect, 4(4): 1980.

ECKENRODE, J. and GOVE, S. "Social support and life stress", in B. Gottlieb (ed.), Social networks and social support, Beverly Hills: Sage, 1981.

EGELAND, B. and SROUFE, L. "Attachment and early maltreatment", Child development, 52(4): 1981.

EGELAND, B., BREITENBUCHER, M. and ROSENBERG, D. "Prospective study of the significance of life stress in the etiology of child abuse", Journal of consulting and clinical psychology, 48(2): 1980, 195-205.

EHRLICH, et al. "Evaluation of a community-based system for training natural helpers", American journal of community psychology, 9(3): 1981.

ELMER, E. "Traumatized children, chronic illness and poverty", in Pelton (ed.), The social context of child abuse and neglect, New York: Human Sciences Press, 1981.

ENGLER, A. "If you care about children, then care about families", in S. Downs & C. Taylor (eds.), Permanent planning in Foster care: Resources for training, Portland, Ore.: Regional Research Institute for Human Services, 1978.

ENGLER, A. and SHNEEWIND, K. "Causes and consequences of harsh parental punishment", Child abuse and

neglect, 6(2): 1982, 129-139.

EQUAL OPPORTUNITIES COMMISSION. "The experience of caring for elderly and handicapped dependents", Manchester, England: Author, 1980.

ERICKSON, G. "The concept of personal network in clinical practice", Family process, 14(4): 487-498.

EYDE, D.R. and WILLIG. "Home support for families with disturbed children", in Bryce & Lloyd (eds.), Treating families in the home, Springfield, Ill.: Charles C. Thomas Publisher, 1981.

FANDETTI, D. and GELFAND, D. "Attitudes toward symptoms and services in the ethnic family and neighborhood", American journal of orthopsychiatry, 48(3): 1978.

FINKELHOR, D. "Risk factors in the sexual victimization of children", Child abuse and neglect, 4(3): 1980.

FISCHER, J. "Effective casework practice: An eclectic approach", New York: McGraw Hill, 1978.

FISCHLER, R. "Protecting Indian children", Social work, 25(4): 1980.

FISHER, B. and BERDIE, J. "Adolescent abuse and neglect: Issues of incidence, intervention and social delivery", Child abuse and neglect, 2(3): 1978.

FRIEDMAN, R. "Child abuse: A review of the psychosocial research" in Herner & Co. (eds.), Four perspectives on the status of child abuse and neglect research, Washington: National Centre on Child Abuse & Neglect, 1976.

FROLAND, C., BRODSKY, G., OLSON, M. and STEWART, L. "Social support and social adjustment", Community mental health journal, 15(2): 1979.

FROLAND, C. "Formal and informal care: Discontinuation in a continuum", Social service review, December 1980.

FURSTENBERG, F.F. and CRAWFORD, A.G. "Family support: Helping teenage mothers to cope", Family planning perspectives, 10(6): Nov./Dec. 1978.

GAMBRILL, E. and STEIN, T. "Decision making and case management: Achieving continuity of care for children in out-of-home placement", in A. Maluccio and P. Sinanoglu (eds.), The challenge of partnership: Working with parents of children in Foster care, New York: Child Welfare League of America, 1981.

GARBARINO, J. "The human ecology of child maltreatment", Journal of marriage and the family, 39(6): 1977.

GARBARINO, J. and CROUTER, A. "Defining the community context for parent-child relations: The correlates of child maltreatment", Child development, 49(6): 1978.

GARBARINO, J. "The role of the school in the human ecology of child maltreatment", School review, 87(2): 1979.

GARBARINO, J. and CARSON, B. "Mistreated youth in one community", Boys Town, Neb.: Center for the study of youth development, 1979.

GARBARINO, J. "Changing hospital childbirth practices", American journal of orthopsychiatry, 50(4):1980(a).

GARBARINO, J. "What kind of society permits child abuse?", Infant mental health journal, (2): 1980(b).

GARBARINO, J. and STOCKING, S. Protecting children from abuse and neglect, San Francisco: Jossey-Bass Publishers, 1980(c).

GARBARINO, J. and SHERMAN, D. "High-risk neighbourhoods and high-risk families: The human ecology of child maltreatment", Child development, 51(2): 1980(d).

GARBARINO, J. and GILLIAM, G. Understanding abusive families, Toronto: Lexington Books, 1981.

GARBARINO, J. and EBATA, A. "On the significance of cultural differences in child maltreatment", unpublished study: 1982.

GATTI, F. and COLMAN, C. "Community network therapy: An approach to aiding families with troubled children", America journal of orthopsychiatry, 46(4): 1976.

GIBLIN, P., STARR, R. and AGRONOW, S. "A comparison of abused and control children", Child development, (in press).

GIL, D. Violence against children: Physical child abuse in the United States, Cambridge, Mass.: Harvard University Press, 1970.

GIOVANNONI, J. "Prevention of child abuse and neglect: Research aand policy issues", Social work research and abstracts, 18(3): 1982.

GOETZEL, R., FEIN, E., MALUCCIO, A., BISHOP, G. and ARMSTRONG, B. Reunification of families: A study

of services and supports, Hartford, Ct: Child & family services, 1982.

GOLDSTEIN, H. "Home-based services and the worker", in Bryce & Lloyd (eds.), Treating families in the home, Springfield, Ill.: Charles C. Thomas Publisher, 1981.

GOLDSTEIN, J., FREUD, A. and SOLNIT, A. Beyond the best interests of the child, New York: The Free Press, 1973.

GOODLUCK, C. and SHORT, D. "Working with American Indian parents", Social casework, 61(8): 1980.

GOODWIN, et al. "Prior incest in mothers of abused children", Child abuse and neglect, 5(1): 1981.

GOTTLIEB, B. "The development and implication of a classification scheme of informal helping behaviours", Canadian journal of behavioral science, 10(1): 1978.

GOTTLIEB, et al. "Social networks and the utilization of preventive health services", in Price et al. (eds.), Prevention in mental health, Beverly Hills: Sage Publications, 1980.

GOTTLIEB, B. (ed.) Social networks and social support, Beverly Hills: Sage Publications, 1981.

GWYN, F. and KILPATRICK, A. "Family therapy with low income blacks: Tool or turn-off?", Social casework, 62(5): 1981, 259-266.

HARTMAN, A. and LAIRD, J. Family-centered social work practice, New York: The Free Press, 1983.

HELLER, K. "The effects of social support: Prevention and treatment implications", in A.P. Goldsteen and F.H. Kanfer (eds.), Maximizing treatment gains: Transfer enhancement in psychotherapy, New York: Academic Press, 1979.

HEMLEY VAN DER VELDEN, E. et al., "Conceptual issues in network therapy", International journal of family therapy, 6(2): Summer, 1984.

HERBERG, E. West Indians in Toronto: Implications for helping professionals, Toronto: Family service association of metro Toronto, 1980.

HOLLIS, F. Casework: A psychosocial therapy 2nd ed., New York: Random House, 1972.

HOLMES, T. and RAHE, R. "The social adjustment rating scale", Journal of psychosomatic research, 11(2): 1967, 213-218.

HONEJSI, C.R. "The St. Paul family-centered project revisited: Exploring an old gold mine", in Bryce and Lloyd (eds.), Treating families in the home, Springfield, Ill.: Charles C. Thomas Publisher, 1981.

HOROWITZ, A. "Family, kin and friend networks in psychiatric help-seeking", Social science and medicine, 12(4): 1978.

HOROWITZ, B. and WOLOCK, I. "Material deprivation, child maltreatment and agency interventions among poor families", in Pelton (ed.) The social context of child abuse and neglect, New York: Human Sciences Press, 1981.

HULL, G. "Child welfare services to native Americans", Social casework, 63(6): 1982.

HURD, G., PATTISON, M. and LLAMAS, R. "Models of social network intervention", International journal of family therapy, 3(4): Winter, 1981, 246-257.

JANSEN, C. and HARRIS, O. Family treatment in social work practice, Itasca, Ill.: F.E. Peacock, 1980.

JEGER, A.M. and SLOTNICK, R.S. Community mental health and behavioral-ecology, New York: Plenum Press, 1982.

JENKINS, L. and COOK, A. "The rural hospice: Integrating formal and informal helping systems", Social work, 26(5): 1981.

JENKINS, S. "The ethnic agency defined", Social service review, 54(4): 1980.

JENKINS, S., SCHROEDER, A. and BURGDORF, K. Beyond intake: The first ninety days, Washington, D.C.: Dept. of health and human services, 1981.

JOHNSON, L. et al. Human services and resource networks, San Francisco: Jossey-Bass, 1977.

JONES, J. and McNEELY, R.L. "Mothers who neglect and those who do not: A comparative study", Social casework, 61(9): 1980.

JUSTICE, B. and JUSTICE, R. The abusing family, New York: Human Sciences Press, 1976.

KADUSHIN, A. and MARTIN, J. Child abuse: An international

event, New York: Columbia University Press, 1981.

KALISCH, B. Child abuse and neglect: An annotated bibliography, Westport, Conn.: Greenwood Press, 1978.

KATZ, A. and BENDER, E. The strength in us, New York: Franklin Watts, 1976.

KELLEY, et al. "Training helpers in rural mental health delivery", Social work, 22(3): 1977.

KEMPE, R. and KEMPE, H. "Assessing family pathology", in R. Helfer and C. Kempe (eds.), Child abuse and neglect, Cambridge, Mass.: Ballinger Pub. Co., 1976.

KEMPE, H., FRANKLING, A. and COOPER, C. (eds.), The abused child in the family and in the community vol. 1, London: The Pergamon Press, 1980.

LAHTI, J., GREEN, K., EINLEN, A., ZENDRY, J., CLARKSON, Q., KUEHNEL, M. and CASCIATO, J. A follow-up study of the Oregon project, Portland, Ore.: Regional research for human services (Portland State University), 1978.

LAHTI, J. and DVORAK, J. "Coming home from Foster care", in A. Maluccio and P. Sinanoglu, The challenge of partnership: Working with parents of children in Foster care, New York: Child Welfare League of America, 1981.

LEE, B. "Three models of child welfare services to native communities", OACAS Journal, 26(8): 1982.

LEVINE, M. and PERKINS, D. "Social setting intervention and primary prevention", American journal of community psychology, 8(2): 1980.

LIBBEY, P. and BYBEE, R. "The physical abuse of adolescents", Journal of social issues, 35(2): 1979.

LIBERMAN, R.P. et al. "The behavioral analysis and modification project for community mental health", in Jeger & Slotnick (eds.), Community mental health and behavioral-ecology, New York: Plenum Press, 1982.

LIEBERMAN, M.A. and BORMAN, L.D. (eds.), "Special issue/self-help groups", The journal of applied behavioral science, July-Aug.-Sept., 1976.

LIEBERMAN, M. and GLIDEWELL, J. "Overview: Special issue on

the helping process", American journal of community psychology, 6(4): 1978.

LIEBERMAN, M. and MULLAN, J. "Does help help?", American journal of community psychology, 6(4): 1978.

LIEBERMAN, M.A. and BORMAN, L.D. Self-Help groups for coping with crisis, San Francisco: Jossey-Bass Publishers, 1979.

LITWAK, E. "Agency and family linkages in providing neighborhood services", in Thursz et al. (eds.), Reaching people: The structure of neighborhood services, Beverly Hills: Sage Publications, 1978.

LONSDALE, et al. Long term psychiatric patients: A study in community care, London: Personal Social Services Council, 1980.

LOURIE, I. "Family dynamics and the abuse of adolescents", Child abuse and neglect, 3(4): 1979.

LUSKY, R.A. and INGMAN, S.R. "The pros, cons and pitfalls, of 'Self-Help' rehabilitation programs", Social science and medicine, 13A: 1979, 113-121.

MACE, D.R. Prevention in Family Services, Beverly Hills: Sage Publications, 1983.

MALUCCIO, A. and SINANOGLU, P. The challenge of partnerships, New York: Child Welfare League of America, Inc., 1981.

MARTIN, H.P. and BERZLEY, P. "Behavioral observations of abused children", Developmental medicine and child neurology, 19(2): 1977.

MAYBANKS, S. and BRYCE, M. Home-based services for children and families, Springfield, Ill.: Charles C. Thomas, 1979.

McHENRY, S. "Sister to sister: We're about navigating systems", Ms. Magazine, June, 1980.

MENAGHAN, E. "Seeking help for parental concerns in the middle years", American journal of community psychology, 6(4): 1978.

MINISTRY OF COMMUNITY AND SOCIAL SERVICES. The state of the art: A background paper on prevention, Toronto: Government of Ontario, 1979.

MINISTRY OF COMMUNITY AND SOCIAL SERVICES. Resources and services, unpublished, Toronto: Government of Ontario, 1981.

MINISTRY OF COMMUNITY AND SOCIAL SERVICES. Children's services newsletter, 5(1): 1981.

MINISTRY OF COMMUNITY AND SOCIAL SERVICES. Funding of community-based family response services, Toronto: Government of Ontario, 1982.

MINISTRY OF COMMUNITY AND SOCIAL SERVICES. Evaluation report: Ontario family support worker program, Toronto: Government of Ontario, 1982.

MINISTRY OF COMMUNITY AND SOCIAL SERVICES. Children's services newsletter, 6(2 & 4): 1982.

MINISTRY OF COMMUNITY AND SOCIAL SERVICES. Key elements of a family support/case management model, Toronto: Government of Ontario, 1982.

MINUCHIN, S. and MONTALVO, B. "Techniques for working with disorganized low socio-economic families", American journal of orthopsychiatry, #37: 1967, 880-887.

MINUCHIN, S. and FISHMAN, C. Family therapy techniques, Cambridge, Mass.: Harvard University Press, 1981.

MITCHELL, R. and TRICKETT, E. "Social networks as mediators of social support", Community mental health journal, 16(1): 1980.

MITCHELL, R. and HURLEY, D. jr. "Collaboration with natural helping networks", in B. Gottlieb, Social networks and social support, Beverly Hills: Sage Publications, 1981.

MORALES, A. "Social work with third world people", Social work, 26(1): 1981.

MORIN, P. "The extended family model: Increasing service effectiveness", in Bryce & Lloyd (eds.), Treating families in the home, Springfield, Ill.: Charles C. Thomas Publisher, 1981.

OUCHI, W.G. Theory Z, New York: Avon Books, 1981.

OXLEY, et al. "Relationships among community size, mediators and social support variables: A path analytic approach", American journal of community psychology, 9(6): 1981.

PANCOAST, et al. "Informal support for the chronic mental patient", Journal of N.H. association of private psychiatric hospitals, 11(5): 1980.

PATTERSON, G., COBB, J. and RAY, R. "A social engineering technology for retraining the families of aggressive boys", in H. Adams and I. Unikel (eds.), Issues and trends in behavior therapy, Springfield, Ill.: Charles C. Thomas, 1973.

PELTON, L.H. The social context of child abuse and neglect, New York: Human Sciences Press, 1981.

PETERS, T.J. and WATERMAN, R.H., jr. In search of excellence, New York: Warner Books, 1982.

POLANSKY, N. Damaged parents: An anatomy of child neglect, Chicago: University of Chicago Press, 1981.

RASCHKE, H. "The role of social participation in post separation and postdivorce adjustment", Journal of divorce, 1(2): 1977.

REID, W. The task-centered system, New York: Columbia University Press, 1978.

REID, W. and HANRAHAN, P. "Recent evaluations of social work: Grounds for optimism", Social work, July: 1982, 328-339.

REID, W. and SHYNE, A. Brief and extended casework, New York: Columbia University Press, 1969.

ROGERS, S. "Enforced social isolation as a contributory factor in child abuse", Child abuse and neglect, 4(1): 1980, 39-44

ROTHERY, M. "Contracts and contracting", Clinical social work, 8(3): Fall, 1980.

ROTHERY, M. "Intervention with maltreating families: The CAS worker's role in family support", in Canadian Sociotelic Ltd, The nature and effectiveness of family support measures in child welfare, Toronto: Ministry of Community and Social Services, 1983.

SANDLER, "Social support resources, stress and maladjustment of poor children", American journal of community psychology, 8(1): 1980.

SCHOENFELD, P., et al. "Network therapy: A longitudinal outcome study", unpublished manuscript.

SCHREIBER, S. and GLIDEWELL, J. "Social norms and helping in a community of limited liability", American journal of community psychology, 6(4): 1978.

SEFCIK, T. and ORMSBY, N. "Establishing a rural child abuse/neglect treatment program", Child welfare,

57(3): 1978.

SELIG, A. "Research and evaluation in community-oriented primary prevention programs", Canada's mental health, 27(2): 1979.

SHAPIRO, D. Agencies and Foster children, New York: Columbia University Press, 1976.

SHAPIRO, D. Parents and protectors: A study of child abuse and neglect, New York: Child Welfare League of America, 1979.

SHERMAN, E., PHILLIPS, M., HARING, B. and SHYNE, A. Service to children in their own homes: Its nature and outcome, New York: Child Welfare League of America, 1973.

SILVERMAN, P. Mutual help groups: Organization and development, Beverly Hills: Sage Publications, 1980.

SKORETZ, A.N. and SNIDER, G.E. Social indicators as predictors for child maltreatment, unpublished master's research project, Faculty of social work, Wilfrid Laurier University, Waterloo, Ont.: 1983.

SMITH, J. and HOCKING, E. "Index of concern: An instrument for use in treatment of cases of physical abuse of children", Child abuse and neglect, 5(3): 1981, 275-279.

SMITH, M., GLASS, C. and MILLER, T. The benefits of psychoterapy, Baltimore: The John Hopkins University Press, 1980.

SMITH, S., HANSON, R. and NOBLE, S. "Social aspects of the battered baby syndrome", British journal of psychiatry, 125: 1974, 568-582.

SPECK, R. and ATTNEAVE, C. Family networks: A way toward retribalization and healing in family crises, New York: Pantheon Books, 1973.

STEGER, C. and KOTLER, T. "Contrasting resources in disturbed and non-disturbed family systems", British journal of medical psychology, 52: 1979, 243-251.

STEIN, T. et al. Children in Foster homes - achieving continuity of care, New York: Praeger Publishers, 1978.

STEIN, T., GAMBRILL, E. and WILTSE, K. "Foster care: The use of contracts", Public welfare, 32(1): 1974, 20-25.

STEIN, T., GAMBRILL, E. "Facilitating decision making in Foster care: The Alameda project", Social service review, 51(4): 1977, 502-513.

STEIN, T., GAMBRILL, E. and WILTSE, K. "Contracts and outcome in Foster care", Social work, 22(2): 1977, 148-149.

STEIN, T., GAMBRILL, E. "The Alameda project: Two-year report and one-year follow-up", in H. Kempe, A. Franklin and C. Cooper (eds.), The abused child in the family and in the community, vol. 1, London: The Pergamon Press, 1980.

STEIN, T. and RZEPNICK, T. Decision making at child welfare intake: A training manual, Jane Addams School of Social Work, University of Illinois, Chicago: unpublished, undated.

STINNETT, N., CHESSER, B. aand DEFRAIN, J. Building family strengths: Blueprints for action, Nebraska: University of Nebraska Press, 1979.

STRAUS, M., GELLES, R. and STEINMETZ, S. Behind closed doors, New York: Doubleday, 1980.

STRUPP, H. "Specific vs. nonspecific factors in psychotherapy and the problem of control", Archives of general psychiatry, Nov. 23, 1970, 780-788.

SUDIA, C. "What services do abusing and neglecting families need?", L. Pelton (ed.), The social context of abuse and neglect, New York: Human Sciences Press, 1981.

SUMMIT, R. and KRYSO, J. "Sexual abuse of children: A clinical spectrum", American journal of orthopsychiatry, 48(3): 1978.

TREMBLE, D. and KLEMAN, J. "Community network therapy: Strengthening the networks of chronic patients", International journal of family psychiatry, 2(3-4).

TURNER, R.J. "Social support as a contingency in psychological well-being", Journal of health and social behaviour, 22(4): 1981.

TURNER, R.J., FRANKEL, B.G. and LEVIN, D. "Social support: Conceptualization, measurement and implications for mental health", Health Care Research Unit, the University of Western Ontario, March: 1982.

TWERASER, G. and WADDLE, J. "Every parent's birthright: Bonding as the key to effective lay therapy", in Bryce & Lloyd (eds.), Treating families in the home, Springfield, Ill.: Charles C. Thomas

Publisher, 1981.

UNGER, D.G. and POWELL, D.R. "Supporting families under stress: The role of social networks", Family relations, October: 1980

USA GENERAL ACCOUNTING OFFICE. "Early childhood and family development programs improve quality of life for low-income families", 1979.

VINCENT, J.P. Advances in family intervention, assessment and theory, Greenwich, Conn.: Jai Press Inc., 1980.

VON STOLK, M. The battered child in Canada, Toronto: McClelland & Stewart, 1973.

WAHLER, R.G. and MOORE, D.M. School-home behavior change procedures for oppositional children, paper presented at the Association for the Advancement of Behavior Theory, San Francisco, 1975.

WALD, M. "State intervention on behalf of endangered children - a proposed legal response", Child abuse and neglect, 6(1): 1982, 3-45.

WARREN, D. "Support systems in different types of neighborhoods", in Garbarino & Stocking (eds.), Protecting children from child abuse and neglect, San Francisco: Jossey-Bass, 1980.

WAYNE, J. and AVERY, N. Child abuse: Prevention and treatment through social group work, Boston: 1980.

WEISS, R. Marital separation, New York: Basic Books, 1975.

WEISS, R. Going it alone, New York: Basic Books, 1979.

WELLMAN, B. "The community question: The intimate networks of East Yorkers", American journal of sociology, 84(8): 1979.

WHITTAKER, J. Community supports for troubled children and youth: A project summary, Seattle: School of Social Work, University of Washington, 1981.

WHITTAKER, J. and GARBARINO, J. (eds.). Social support networks: Informal helping in the human services, New York: Aldine Publishing Co., 1983.

WICHLACZ, L.J. and KEMPE, H. "Indian child welfare: A community team approach to protective services", Child abuse and neglect, 2(1): 1978.

WILCOX, B. "Social support, life stress and psychological adjustment: A test of the buffering hypothesis",

American journal of community psychology, 9(4): 1981.

WOLFENDER REPORT. The future of voluntary organizations, London: Croom Helm, 1978.

WOLOCK, I. "Community characteristics and staff judgments in child abuse and neglect cases", Social work research and abstracts, 18(2): 1982, 9-15.

YAMAMOTO, J. "Racial factors in patient selection", American journal of psychiatry, 124(5): 1967, 630-636.

YOUNG, et al. "Natural networks: Help-giving and help-seeking; Two rural communities", American journal of community psychology, 10(4): 1982.

YOUNG, L. Wednesday's children, New York: McGraw Hill, 1964.

ZUCKLER, J. and BRONSTADT, W. The teenage pregnant girl, Springfield, Ill.: Charles C. Thomas, 1975.